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ABSTRACT

This study used ethnographic case-study methods to document four school-linked service initiatives that are moving in the direction of collaboration among local agencies and schools, and family empowerment. The projects vary in terms of population served and programmatic focus, and each program has one or more of the components required to make integrated services more responsive to the needs of children and families. The programs studied were: (1) the RAIN (Referral And Information Network) program in Fienberg-Fisher Elementary School in Miami Beach, Florida, which grew out of the Healthy Learners Project funded by the Danforth Foundation in 1990; (2) the Las Cruces, New Mexico community strategy that includes city agencies, school district, local health department, and families working cooperatively to solve problems and share information; (3) the school-based program in New Brunswick High school in New Jersey; and (4) the Parents as Facilitators: Building Local Leadership for More Responsive Services Parent Facilitation Project in Snohomish County, Washington. Six features of program design were identified that appeared to facilitate strategies of collaboration in local efforts to link education and other social services: (1) involving families as agenda setters and partners in collaboration; (2) creating a management structure with representatives of agencies and beneficiaries; (3) easing access to multiple sources of funding; (4) establishing interagency and cross-role networks; (5) providing training and other support for collaborators; and (6) funding and establishing collaborative evaluation mechanisms. (Contains a discussion of future directions for research and policy and 12 references. (DR)

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CENTER ON FAMILIES, COMMUNITIES, SCHOOLS & CHILDREN'S LEARNING

FROM CLIENTS TO PARTNERS

Four Case Studies of Collaboration and Family Involvement in the Development of School-Linked Services

Patricia Burch
Ameetha Palanki

Report No. 29 / April 1995

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FROM CLIENTS TO PARTNERS

Four Case Studies of Collaboration and Family Involvement in the Development of School-Linked Services

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With an Introduction by
Don Davies, Principal Investigator

Institute for Responsive Education
Boston University

Report No. 29

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CENTER ON FAMILIES, COMMUNITIES, SCHOOLS & CHILDREN'S LEARNING

The nation's schools must do more to improve the education of all children, but schools cannot do this alone. More will be accomplished if families and communities work with children, with each other, and with schools to promote successful students.

The mission of this Center is to conduct research, evaluations, policy analyses, and dissemination to produce new and useful knowledge about how families, schools, and communities influence student motivation, learning, and development. A second important goal is to improve the connections between and among these major social institutions.

Two research programs guide the Center's work: the Program on the Early Years of Childhood, covering children aged 0-10 through the elementary grades; and the Program on the Years of Early and Late Adolescence, covering youngsters aged 11-19 through the middle and high school grades.

Research on family, school, and community connections must be conducted to understand more about all children and all families, not just those who are economically and educationally advantaged or already connected to school and community resources. The Center's projects pay particular attention to the diversity of family cultures and backgrounds and to the diversity in family, school, and community practices that support families in helping children succeed across the years of childhood and adolescence. Projects also examine policies at the federal, state, and local levels that produce effective partnerships.

A third program of Institutional Activities includes a wide range of dissemination projects to extend the Center's national leadership. The Center's work will yield new information, practices, and policies to promote partnerships among families, communities, and schools to benefit children's learning.

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ABSTRACT

Success for all children in education means delivering comprehensive services that meet the needs — intellectual, health, social, and emotional — of the whole child. Current educational and social systems fail children who are in most need of the care which enables learning.

This study used ethnographic case study methodology to document four school-linked service initiatives that seem to be moving in the direction of collaboration and family empowerment. While the projects vary in terms of population served and programmatic focus, they each have one or more of the components which are required to make integrated services more responsive to the needs of children and families.

These case studies demonstrate how local communities are reinventing the current delivery system by building infrastructure and recognizing families as an integral part in the design, implementation, and evaluation of these programs. The authors identify challenges and make recommendations for policy changes to overcome challenges and support the efforts of these initiatives.

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Gail Reynolds, Coordinator for School Based
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Snohomish County, Washington State

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Joe Varano, ECEA Program Manager

Introduction[1]

by Don Davies

This study focuses on local efforts to make social and health services more responsive to the needs of families by developing collaboration among service providers and linking the services to schools. The study explores ways in which the "clients" of such services can move into the role of "partners" with benefits both to the programs and themselves.

The case studies are the heart of the report. They offer examples of local family-community-school partnerships where collaboration among agencies and across roles — including families — is a prominent feature. The cases show practical examples of how local administrators and policymakers are finding ways to link education, health, and social services in order to serve children and their families in a more comprehensive and responsive way.

The report touches on many of the important problems and issues involved in school-linked services and collaboration: involving families as project partners, shortages of funding, lack of diversity and flexibility of funding sources, interagency agreements and conflicts, training and support for those collaborating, fragmentation of programs and requirements across local, state, and Federal lines, and networking and resource exchange.

The case studies depict efforts by local people in four very different situations to put into practice the concept that families, communities, and schools have a shared and overlapping responsibility for the healthy development and learning of children.

The study is a part of a multi-year policy project of the Center on Families, Communities, Schools, and Children's Learning.

Background

The nature and the quality of the institutions in every child's world are of major importance to the child's successful development. Children and their families do not experience their lives in neatly compartmentalized ways, but the policies that support educational and human

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[1] Material for this introduction was drawn from parts of the project's first two Center reports (Palanki and Burch, 1992, Davies, Palanki, and Burch, 1993). Some of the material will also appear in expanded form in a chapter by Davies in *School and Community Connections: Exploring Issues for Research and Practice*, edited by Leo C. Rigsby, Maynard C. Reynolds, and Margaret C. Wong. San Francisco: Jossey-Bass (in press).

services at all levels reinforce fragmentation and reduce the chance that children and families will get help with their multiple, often-overlapping needs.

The need for help is great. Millions of children and their families throughout the United States do not have the shelter and clothing, nutrition, physical and emotional security, counseling, and preventive health care which others take for granted (Bray, 1995; Sherman, 1994).

The conditions that these families and their children face and their need for help present a serious challenge to educators and policymakers seeking to restructure and reform schools. These conditions exert a powerful influence over a child's success or failure in school. What is taught or how it is taught matters little to a child who is hungry, chronically angry and scared, tired, or sick.

Research and policy analyses point to the connections between school success and other aspects of child development. For example, the High Scope studies showed the lasting positive effects of good early childhood programs that combined educational health and family interventions (Weikart, 1989; Ramey & Campbell, 1987). James Comer's success in increasing achievement in several New Haven schools called attention to the importance of the whole child concept, and linked emotional, social, and intellectual development.

Comer's holistic approach helps to illustrate the Center's concept of shared responsibility for children's learning, as he emphasizes the connections between the multiple environments that influence child development. In addition, many studies confirm the connections between good health care and nutrition on later physical, emotional, and academic success (Zigler & Freedman, 1987).

Policymakers and educators have increasingly recognized these connections and have produced a raft of reports, programs, and policy activities, including state and Federal legislation, aimed at making services more comprehensive and accessible (Palanki & Burch, 1992). Some of this activity has stressed making human services more efficient through decentralization, privatization, coordination, or elimination of duplication. Some of it has stressed the role of schools as partners, linking agents, or sites for other social and health services. Many of the policies have emphasized collaboration across agency lines and among service providers. A few have sought to involve parents and other grassroots community

members in restructured mechanisms for planning and governance in school and community programs.

Because of our commitment to the concept of shared and overlapping responsibility for the development and success of all children, the staff of the Center's five-year policy project decided to examine this upsurge of policy activity on comprehensive services with a critical lens, with a special eye to the perspective of families.

Year 1: Mapping the Policy Landscape

During the first year of our work we traced state and Federal policy developments on several topics related to family-school-community collaboration and looked especially for federal and state policies that promote or hinder local collaboration as well as for evidence about family-community-school partnerships.

We identified a great deal of policy action, but it was very uneven across the states and Federal programs. We concluded that fragmentation was still a dominant characteristic of the system. Parent involvement policies offer good examples. We found family involvement as a component in familiar places such as school restructuring and Chapter 1 but also in less predictable areas such as health services, family support, and early childhood education (Palanki & Burch, 1992). We found that family involvement activities in each of these areas were disconnected; that schools might have a number of different advisory councils and school-based management teams; that similar strategies such as home visiting and family centers might be employed simultaneously without being coordinated with each other; and that, in general, families were left out of school improvement planning and decision-making.

In our recommendations we emphasized comprehensiveness and called on federal, state, and local policymakers to coordinate policies that sought to bring parents, communities, and schools together to enhance children's development.

Year 2: Fitting Policy to Family Needs

In the second year of the project, we looked more closely at local implementation of some selected Federal and state policy activity, using four topics as examples: services integration, transition from preschool to kindergarten, parent involvement in decision-making, and services for mobile or transient children.

We found that most Federal and state policies continue to be highly categorical, targeted at particular populations, and bound by specific funding earmarks and limits. We concluded that a highly compartmentalized Federalist policy system — or non-system — continues to be a major obstacle to making services and programs for children more comprehensive across broader categories of need, topics, and participants. Fragmentation continues to be the reality among local, state, and Federal levels and among the branches and executive units within each level. This results in disjointedness at the service delivery level. Multiple local, state, Federal, and private agencies serve the same clients with overlapping or sometimes conflicting services, or fail to serve many children and their families at all because of age or income specifications.

We concluded that as they are currently constructed, educational and social systems often fail children who are in most need of care, thus undermining learning and development. Rigidity in policy and practice makes it difficult for families to get services where and when they need them. Reactive rather than preventive policies and practices result in services which reach families after a problem compounds. Fragmented services interrupt children's learning in their transition from home to school or between educational levels. A categorically driven approach to service delivery labels and excludes participation of children and families in programs designed for their benefit.

While we confirmed the inadequacies of the policy system, we also found a number of promising programs and projects that were making some progress toward comprehensiveness. As we looked into several of these programs of promise through telephone interviews and correspondence, we refined and expanded our definition of comprehensiveness to include programs that

- attend to children's multiple and interrelated needs, which include their physical, emotional, social, academic, and moral development;
- recognize the needs of children and families as overlapping;

- are inclusive, not inflexibly bound by categories of participant characteristics;
- recognize and incorporate the multiple ways that families can be involved with schools and other human service agencies;
- provide continuity across age levels;
- allow for intensity of service which can be geared to level and nature of need; and
- are accessible to those who need the services, including those who are most distressed. (Davies, Burch, & Palanki, 1993)

There were many strategies that appeared to move toward creating the kinds of conditions suggested in the above listing, that is, toward greater comprehensiveness, but among these strategies collaboration seems to be of central importance. It is a key feature in many programs described by close observers as promising. It is also consistent with our project's commitment to shared and overlapping responsibility for children's development.

Year 3: From Clients to Partners

For the third phase of the project we decided to focus on local programs in which the strategies of collaboration were of key importance in trying to link schools and other health and human service agencies and providers. We wanted to move beyond simply documenting the fragmented nature of the policy system. Dozens of other reports, analyses, and commentaries make the continuing inadequacies of the system painfully clear. Many reports and commentators have offered useful recommendations for changing laws and funding patterns. To make yet more broad recommendations about such things as de-categorization, consolidation of programs, and merging funding streams would be redundant.

We believed that the most useful contribution that our continuing policy work could make in its third phase would be to offer practical ideas to local administrators and policymakers. The first two phases of our project, which focused on Federal and state policies, convinced us that there was a need for more information about the "nuts and bolts" of local efforts. We believe that such information can be of value not only to other local administrators, but also to policymakers at all levels.

We set out to discover examples of local family-community-school partnerships where administrators and policymakers, along with front-line service providers and the beneficiaries themselves, were making creative use of collaboration as an important way of dealing with the fragmented reality in which they work.

For this work we borrowed Charles Bruner's practical concept of collaboration as a process to reach goals that cannot be achieved by acting singly (Bruner, 1991). Bruner views collaboration as a means to an end, not as an end in itself. For the cases we studied in this phase of the project, the "end" is comprehensiveness in order that policies and services be more responsive to family and child needs and contribute to educational success for all children.

The Importance of Collaboration and Empowerment

Our first two years of work underscored the need to think about collaboration to achieve school-linked services in a way that shifts from the traditional model of coordination between department and agency heads to one in which collaboration reaches from the local level (of families, service providers, and teachers) to the state level.

Again drawing on Bruner's (1991) work, we differentiate among levels of collaboration. The first level is primarily administrative at local and state agencies and is what many analysts would call "coordination." The second level focuses on joint efforts of service providers from different agencies to work together — efforts that go beyond formal inter-agency agreements.

At the third level, workers in a single agency are vested with the ability to use discretion in providing services. This level also introduces the participation of front-line workers such as teachers, social workers, or nurses as agenda-setters, planners, and decision-makers, not just as providers of service. This kind of participation is an example of what we choose in this study to call "empowerment."

At the fourth level of collaboration the concept of empowerment is extended to parents and other family members as the beneficiaries or "end-users" of services (including older students, as in the New Brunswick, New Jersey case study). This level of collaboration involves both the beneficiaries and providers of services as partners (Bruner, 1991).

While families are rarely thought of as partners, as opposed to clients, at the building or neighborhood level, it is even more rare to find families as partners at the city or state level. Our work and experience in other projects of the Institute for Responsive Education to study and build family-school-community partnerships, however, suggests that families can play

significant roles as collaborators at all levels. Families bring to the table knowledge and resources that are largely overlooked because of deficit-model stereotypes and assumptions about low-income populations. In the earlier phases of this project we described family empowerment as:

> *...increasing the capacity of families and their children to get and use information, to take action on their own interests and problems, to meet their obligations to their own children and their communities, to contribute to and influence policies and decisions which affect them, and to function independently and effectively as community residents, workers, and citizens in a democratic society. (Davies, Burch, & Palanki, 1993)*

For us, the empowerment concept is a core value of society — the right of those affected by the decisions of governments and institutions to influence those decisions.

The strategies of collaboration and empowerment are interlocking. Involving beneficiaries, including parents and students, increases the scope and potential of collaboration. Strategies that increase the knowledge, skill, and confidence of beneficiaries and front-line service providers help them become more effective as collaborators, with more to bring to and take from the partnerships that are formed.

Key Features of Strategies for Collaboration

From our first two years of reviewing policies and practices, we isolated six features of program design that appeared to facilitate strategies of collaboration in local efforts to link education and other social services:

1. Involving Families as Agenda Setters and Partners in Collaboration. Among programs we studied, the more responsive ones involved families as partners rather than objects of collaboration. We found that policymakers often overlook the family itself as a source of information about its own needs and strengths, and that this oversight sometimes leads to programs that miss the mark.

As agenda setters and partners in collaboration, families played many different roles including: (1) assessing family/community needs and strengths; (2) designing programs to

meet those needs and capitalize on those strengths; (3) implementing programs; and (4) evaluating program outcomes.

2. Creating a Management Structure with Representatives of Agencies and Beneficiaries. Our work shows that collaboration works well in programs with a sound administrative and management structure with representation of the affected agencies and beneficiaries in project councils, boards, or task forces. Effective boards and committees are those with clear specification of purposes and functions, including matters relating to budget, personnel, and program.

3. Easing Access to Multiple Sources of Funding. Programs we studied were able to provide comprehensive services to families with differing and overlapping needs by utilizing more diverse and flexible funding sources. For example, programs that pooled resources across categorical lines were able to extend the reach of services to more students and families. Projects that were not dependent on a single funding source were more likely to survive fiscal down-times.

4. Establishing Inter-agency and Cross-role Networks. Networking was an essential feature of programs seeking to use collaboration effectively. Exchanging information, ideas, and services between agencies and across roles (parents, teachers, service providers, etc.) enabled financially-strapped organizations to pool resources to meet common needs such as training, staff development, and technical assistance. Sharing of information about programs and strategies helped agencies learn from one another about what works and what doesn't and fostered exchanges of services.

5. Providing Training and Other Support for Collaborators. Training and support for all those involved in collaboration was a vital program feature of the initiatives we reviewed. People learned how to exercise new roles and responsibilities and to work comfortably and well with new partners.

Special consideration of the needs of low-income and immigrant families, single parents, and those who live in inaccessible places was critical to effective collaboration at the local level. Training parents to assume non-traditional roles (e.g., home visitors, facilitators, and paraprofessionals) was also useful to involve and empower families.

6. Funding and Establishing Collaborative Evaluation Mechanisms. Evaluation and research were essential features of projects that learned from their own experience and the experiences of others; however, there is evidence of only limited attention and funding for evaluation and research in local school-linked service projects. Many existing evaluations are of single programs or projects or have a narrow and limited scope. Even more problematic, evaluations often fail to include families and front-line workers in planning and data gathering, thus leaving out important voices in determining the effectiveness of programs.

In undertaking this new study, we identified four local sites of school-linked services that appeared promising and that incorporated one or more of these key features. We formulated questions to examine the capacity of these local programs to integrate collaborative and empowering strategies for the purposes of developing comprehensive services. These questions included:

- *How can families actively design policies and programs for their benefit?*
- *How are these local programs making use of state and Federal program funds and private sector resources to reinforce family efforts to support the development of children and the adult members of the family?*
- *What are the characteristics of policies that contribute positively to the goal of comprehensiveness and to the successful deployment of strategies of collaboration and empowerment? What characteristics are inhibiting progress?*
- *What methods, approaches, styles, and timing characterize strategies of collaboration and empowerment? To what extent are these replicable? What are the barriers to replication?*

Methodology and Data Sources

We used ethnographic case study methodology to document how school-linked service initiatives collaborate with and empower families. We employed three different strategies to gather data:

Background Research. Following up on the first two phases of this policy project, we reviewed written material from sites and notes from previous conversations with program administrators in order to identify sites that were emphasizing collaboration as a strategy and

paying attention to family empowerment as a part of collaboration. We also contacted key researchers in the field and tapped databases kept by national family support organizations (e.g., National Center for Service Integration and the Family Resource Coalition) to identify other sites that might be of interest.

Telephone Interviews. From the background research, we identified ten sites and conducted intensive telephone interviews to gather more in-depth information about what was actually happening on site. We contacted the program director, another staff member, and, where possible, a parent or community member who participated in the program. By collecting information from more than one source we were able to narrow our search to four sites that would become the focus of our research.

Site Visits. Once we identified four promising sites, we scheduled two-day, intensive site visits. To further understand the strategies and practices developed by each site, we conducted one-on-one interviews with program staff, school staff, parents, and students. We discussed the project's policy context, the main challenges they have faced, as well as what they had learned about collaboration and participatory planning and decision-making.

The Cases: Background and Rationale

The purpose of this project is to investigate program practices in four school-linked service initiatives that seem to be moving in the direction of collaboration and family empowerment for the purposes of creating more comprehensive and responsive services. We identified four such sites, which are highlighted in case studies in this report: the RAIN program in Miami Beach, Florida; the Las Cruces School District in Las Cruces, New Mexico; the School Based program in New Brunswick, New Jersey; and the Parent Facilitation Project in Snohomish County, Washington.

These sites were promising because they represented a comprehensive range of services and activities and have been in existence for a minimum of two years — enough time to distill learnings for future initiatives. While each of these sites has paid attention to most or all of the six features identified above, each seemed strongest in one particular feature. This feature is highlighted first in each of the case studies.

We found that each of these sites offers a different perspective on the issue of school-linked services, and that together the four sites provide rich and varied data for better understanding of this topic. For example, the RAIN program is very strong in involving families as partners and agenda setters; Las Cruces is a good example of a district accessing multiple sources of funding; the School Based program has as its strength a network of support; and Snohomish County makes a strong case for providing training and other support for families' participation.

The four case studies in this report are followed by a concluding section which examines common challenges faced by all the sites and offers a set of recommendations to policymakers addressing these challenges.

PROJECTS AT A GLANCE

The RAIN (Referral And Information Network) program in Miami Beach, Florida, is housed in the Fienberg-Fisher Elementary School. One of the first American institutions encountered by immigrants from Central America, Haiti, and Cuba, Fienberg-Fisher serves approximately 1,200 students and their families (92% of whom qualify for public assistance) from over 46 different ethnic backgrounds. In the RAIN room, parents plan home visits, make phone calls, and translate for new families who are uncomfortable about asking for help from agencies because of their undocumented status and the stigma of having to ask for assistance. RAIN demonstrates how parents reaching out to parents can build a bridge between home, school, and community.

Forty-five miles north of the Mexican border, a cross-section of administrators in **Las Cruces, New Mexico**, are harnessing Federal, state and local resources to provide comprehensive services. Many of the children and families for which the services are intended are recent Mexican immigrants, the majority of whom lack health insurance. Through a partnership between the school district, the Housing Authority, the Early Childhood Program, the Mayor's Office and other agencies, the eighth fastest growing city in the country is building an infrastructure which can continuously and consistently respond to the needs of children and families.

Unlike most school-based health clinics, **School Based** in **New Brunswick, New Jersey**, is furnished with pool tables, chess and other games, a big-screen television, comfortable lounge chairs, and a stereo. Missing is the usual mental health clinic message that says, "if you walk in here, there must be something wrong with you." School Based is located in New Brunswick High School with 750 students, 45% are Latino or Spanish-speaking and 30% are African-American. School Based is a partnership between the University of Medicine and Dentistry (UMDNJ), New Brunswick Tomorrow (a community development corporation), and New Brunswick Public Schools. School Based is funded by the state department of human resources. Through this partnership, School Based provides mental health counseling services at the school, a school-based infant care center for teen parents, a health education and preventative program, employment services, and recreation. At the heart of this program is the active involvement of students in designing and implementing workshops and educational programs in anger management/conflict resolution, drug and alcohol abuse, and teen parenting.

The Parent Facilitation Project in Snohomish County, Washington, is training parents to be partners and advocates for children's learning in their homes and schools as well as in the political arena. Developed as part of Snohomish County's Early Childhood Education and Assistance Program, the project works with parents of limited income to develop the decision-making skills which can help smooth a child's transition into public school. Thirty miles north of metropolitan Seattle, Snohomish County is one of the fastest growing counties in the state.

Case Study I

Making it RAIN:
Involving Parents in Integrated Services
RAIN Program in Miami Beach, Florida

"For Latinos, the meaning of rain is different, I think, than for Americans," explains Tania Alameda. "Rain is a good thing. It symbolizes cleansing, and is good for the crops." For that reason, the mothers at Fienberg-Fisher Elementary School in Miami Beach chose RAIN as the name for their program: they were going to cleanse the school of its not-so-good reputation and make it a place to nurture their children's development.

The acronym RAIN stands for Referral And Information Network. Staffed by a small cadre of mothers, RAIN provides families at Fienberg-Fisher a place to go to find help. The RAIN program was set up in response to a need voiced by families in the community that, upon immigrating to the U.S., there was no place for them to go and find out what services were available to them or, more importantly, how to access those services. This problem was further compounded by the large number of undocumented families living in the community who were afraid to get help for fear of deportation. RAIN was established by parents who have been in similar situations and could identify with the families needing assistance.

The Setting for RAIN

The RAIN program is housed in Fienberg-Fisher Elementary School in Miami Beach, Florida. Made famous by the TV series "Miami Vice," the South Beach community in which Fienberg-Fisher is located is a far cry from the flashy cars and Hollywood models. Soon after the Don Johnsons left, property speculators started buying up what was once low-income housing and "rehabbing" it to sell to wealthy clients for a tidy profit. This land speculation drove property values sky high and resulted in displacement of low-income families living in the surrounding communities. The problem was compounded by the fact that Miami Beach is one the first stops for immigrants from Central America, Cuba, and Haiti, so that low-income, often undocumented newcomers are vying with young urban professionals for the same space and resources.

Fienberg-Fisher Elementary School has undergone many changes. In the space of a few short years, the Fienberg and Fisher schools were moved to a new building, combined into one school, separated into two schools again, then combined into one school for a second time.

The Fienberg-Fisher Elementary School is one of eight elementary schools in the Miami Beach area in which at least 92% of the 1200 members of the student body qualifies for free and reduced lunch. The bilingual rate at the school is 34.4%, and the school serves 46 different ethnic groups — most of whom are from Central and South America. Serving students from pre-kindergarten through sixth grade, Fienberg-Fisher is also a community school site — featuring adult education classes for parents and community members interested in finishing their education or continuing with postsecondary classes. Because of the area's high immigration, Fienberg-Fisher's annual mobility rate averages 50%.

At the center of all this activity is a tiny room where the RAIN program lives. Furnished with a telephone, refrigerator, coffee pot, and a couple of comfortable chairs, the RAIN room is a place where family members can come to ask about services, find information on parenting and education, or contact specific agencies for help. Also in the room is the office of Tania Alameda, who coordinates meetings, brainstorms with RAIN mothers on how to solve specific problems, and is the overall liaison between RAIN and everybody else. For the most part, however, Ms. Alameda encourages the RAIN mothers to advocate for themselves and develop their own leadership skills.

The History of RAIN

The RAIN program grew out of the Healthy Learners project, funded by the Danforth Foundation in March, 1990. Healthy Learners is a partnership between Florida International University, the Florida Department of Human Resources, Dade County Public Schools, and Legal Services. It was created with the purpose of implementing a "full service" school at the Fienberg-Fisher Elementary School in Miami Beach.

Faculty and administrators at Fienberg-Fisher had expressed an interest in increasing parent involvement because they felt that a major reason for the decline in student achievement was a lack of parent involvement. One strategy for involving parents was to become a "full service" school. When they first started, Fienberg-Fisher had little idea of what

"full service" meant in practical, day-to-day terms. With the help of the Healthy Learners project, the school began to flesh out concrete components which would lead to the formation of RAIN. The project director, Dr. Katherine Briar, approached the principal at the time and offered assistance and services to make "full service" a reality. The principal agreed to the idea and designated Fienberg-Fisher the first "full service" school in the district. Shortly thereafter, he passed away and the assistant principal, Dr. Grace Nebb, became the acting principal of Fienberg-Fisher.

With no more than a nodding relationship with the project, the district office played only a small role in the project. Only the regional superintendent knew of the program firsthand. During the next school year, Dr. Nebb was transferred to another school as full principal. Nevertheless, Ms. Alameda and Dr. Nebb continued to communicate about the program and Dr. Nebb offered her support in developing the program from the grassroots. Eventually, they were able to convince the superintendent that Dr. Nebb was needed back at Fienberg-Fisher and, consequently, she was reassigned to the school — an unusual move on the part of the district.

The first step the school took was to hire a family advocate to run the Healthy Learners project. They hired Tania Alameda from Florida International University. Her first task was to recruit parents to come into the school and articulate their needs and give the program direction. Given the chaos of restructuring Fienberg-Fisher, the use of school staff to implement Healthy Learners was unrealistic. Besides, Ms. Alameda came to the project with a different concept of parent involvement, one which put families in the role of designing and implementing the "full service" model.

Making it RAIN: The Role of Families

The purpose of Healthy Learners was to create a different type of service integration project that would start with what families wanted and create programs from there. To recruit parents, Ms. Alameda simply walked around the neighborhood of the school and asked every person she saw if he or she were

> "It's better to start from the real bottom up because the district pours in lots of money and staff that provide services that may not be appropriate or needed."
>
> Dr. Grace Nebb, Principal
> Fienberg-Fisher Elementary School

a parent with a child at the Fienberg-Fisher school and, if so, invited him or her to come to the school to talk about how to make it a better place. Soon, the word spread that this woman was looking for parents to talk about the school, and parents began trickling in. In addition to word of mouth, the school made referrals about parents who might be recruited as volunteers. In the end, Ms. Alameda had a small group of people, mainly mothers, who were eager to try and make the school a place of their own.

Families as Program Designers and as Assessors of Needs

During their first meeting, the parent group discussed what they perceived to be their most pressing needs and those of their families. They were also responsible for developing a "bill of rights" that would help families exercise their right to respectful treatment by agencies and for identifying their strengths and expectations for themselves. In addition to the "bill of rights," the parent group also identified the key goals of the project and described what they would like the implementers of the program to do.

The parent group at Fienberg-Fisher articulated the need for a better information system to assist new families in relocating to the neighborhood and finding services. They decided that it would be helpful to have an information center — a space in the school where families could come to find out more about services. Because many of these parents were once new and had navigated their way through the system, they were skilled in identifying sources of help and in applying for assistance. Therefore, it was natural that they should be the ones who would create and staff this new information center for families.

The information center needed a name and a place. After searching through this already overcrowded school, it was decided to make one of the classrooms (which had become Tania Alameda's office) the site for the information center. The center needed a name that reflected its role and would resonate with the families they served. The group of parents came up with RAIC — Referral And Information Center — and changed Center to Network in order to make the acronym RAIN. One of the parents made a beautiful wooden sign carved with the initials RAIN for the front door. With the addition of some furniture and equipment, the RAIN room finally opened in 1991.

As program designers, the RAIN mothers, with Ms. Alameda's guidance, make decisions about the daily operation of the program. Because they have some control over their

program, the RAIN mothers are able to initiate projects that respond quickly to family and student needs. In order to make that ownership clear, however, it is helpful to have the support of the school administration to mediate tensions between parents and teachers. Even so, having support from above does not necessarily mean that there is immediate acceptance by staff. In an effort to build faculty support and trust between parents and teachers, the school staff was invited to a summer retreat to learn about the program and to find out why parents were in the school and how parents could make their job as teachers easier. The retreat was also attended by Dr. Briar, Ms. Alameda, and the RAIN mothers who presented teachers with their concerns and described what they had to offer to them. An effort was made to assure teachers that parents were in the school not "to make trouble" but rather to serve as partners in working to relieve the stress that children newly arrived from another country so often experience. Such stress prevents teachers from doing their job, because students who have missed breakfasts or are in fear for their personal safety have more urgent matters on their minds than learning.

> "With families coming from other countries, there's a great deal of stress and a need for solving problems. Through RAIN, [we're able] to relieve the stress, which makes it easier to learn. The RAIN makers are a bridge between us and parents. They help us to understand the stress, translate for us, bring up other issues, and solve problems."
>
> Teacher
> Fienberg-Fisher Elementary School

In addition to the summer retreats, teachers are invited to monthly meetings with the agency partners to air their own concerns and to address issues raised by the RAIN mothers. Through those meetings, teachers have an opportunity to understand what families need and to develop a sense of empathy for their situation that they can bring with them into their classroom.

As decision-makers in the school, the RAIN mothers, collaborating with Dr. Nebb and Ms. Alameda, make decisions affecting the school as a whole. Dr. Nebb meets with the RAIN mothers monthly to learn about their concerns and make changes to accommodate the shifting needs of the program. Making this collaboration work is a process of negotiation and working through traditional roles and expectations of how things are done. Negotiating collaboration requires a major time commitment in order to build the trust necessary for success. Sometimes, in the process of negotiating this collaboration, the contributions of partners can be misunderstood or overlooked. For example, during their first year, the RAIN mothers worked very hard on developing the homework club, which they saw as a project

they had initiated and nurtured. That year there was a dramatic increase in the reading scores for the whole school. The next school year, the principal decided to discontinue the project, claiming that other school initiatives had accounted for the increase and that the project was unnecessary — which discouraged the RAIN mothers, who felt their efforts had been ignored. The RAIN mothers turned to Ms. Alameda for help. She advised them to alert Dr. Nebb to their needs and concerns at their monthly meetings. In the meantime, the students were tested again and their scores declined from the previous year. This evidence made it clear that the RAIN project was indeed helping with student achievement, and the principal agreed to reestablish the project under the control of the RAIN mothers.

Families as Implementers

After finding a space and furnishing it as well as possible, the program needed staff to spread the word about the Center, make referrals and telephone calls on behalf of families, and articulate the needs of families in the school to the appropriate agencies. Because the program began from the bottom up, it made no sense at this point to bring in outsiders to run the program, the original group of mothers was recruited to become the implementers of RAIN. They are paid a small stipend of $5 an hour for a grand total of $40 a week (although many of the RAIN mothers put in as much as twenty hours of volunteer time in addition to their paid work).

To take on their new roles, the parents volunteering for the RAIN program were all trained by Ms. Alameda using the Outreach Training model created by the Grace Settlement program in St. Louis, Missouri. The Outreach Training model develops skills using principles that emphasize the strengths and expertise of families in managing their own needs. The RAIN mothers also received training in case planning techniques and in outreach methods which would help them encourage families to take an active role in school.

The hiring of families as implementers was not something that school staff was ready to accept. Until then, families were sporadically involved in the school (primarily through the PTA) and now parents would be seen regularly in every part of the school. Furthermore, Fienberg-Fisher already had a PTA and community outreach specialists, funded under Chapter 1, who were primarily responsible for conducting home visits and reaching out to Chapter 1 families.

One strategy pursued by RAIN to reduce mistrust between existing staff and the RAIN mothers was cross-role training. The training the RAIN mothers received was also provided to the community outreach specialists on staff. This created continuity between parent involvement activities by providing everyone the same information and skills to carry out their activities. It also built a sense of inclusion by not isolating a special group of people to participate in one aspect of the program.

As the RAIN room became established, the number of parents coming to the school increased dramatically. Parents began to feel that there was something they could do to contribute to their children's education. Soon, a number of new parent involvement activities began to grow and take shape, complementing the work begun by the RAIN mothers. Among these activities were a parent patrol, a homework club, and a parent volunteer program. The parent patrol program is a group of parents, mainly mothers, who literally patrol the school all day and ensure safe passage across an extremely busy intersection in front of the school. The parent patrol is important because the school is open to the community at large and it became apparent that adult supervision was needed to assist community members coming into the school and to protect the children. The homework club was an invention of the RAIN mothers. Because many of the children live in overcrowded apartments where there is little quiet space and time for them to do homework, the RAIN mothers developed the homework club as a means of enabling children to do their homework in peace. As in the case of the community outreach specialists, parents implementing these activities were given the same training as the RAIN mothers.

Families as Evaluators

The role of the RAIN mothers in evaluating the program is limited. While the day-to-day operation of the program comes under the purview of the RAIN mothers, the overall evaluation of the program's impact is not conducted by them. On their own, parents in the RAIN program have looked at school achievement statistics and have noticed a dramatic increase in all scores for all grade levels except for the sixth graders; however, because it is generally difficult to attribute increases in student achievement to specific parent involvement activities, it would be challenging to link student achievement with the RAIN room without a full-scale evaluation effort in which the RAIN mothers would document the impact they had seen over time.

The RAIN mothers had noticed they were having an impact in other areas as well. For example, prior to the RAIN program, there were virtually no parents involved at the Fienberg-Fisher school. With the outreach efforts of the RAIN mothers, at least two major parent involvement initiatives have been established, and more are being developed. The RAIN program has opened up an opportunity for parents to feel comfortable in voicing their needs and becoming active in the school to meet those needs.

The evaluation of the RAIN program was originally conducted by outside evaluators from the University of Washington who were hired by Florida International University to determine the impact of family-focused service integration on student learning and achievement. In September 1993, the outside evaluators returned to Washington without completing a final report and the evaluation has been undertaken by another researcher. The evaluation component of the RAIN program has followed a traditional approach, with little participation of the RAIN mothers in designing and carrying out evaluation activities. The original design of the evaluation, however, was to follow a developmental model of research, which examines the impact of a program as it develops — as opposed to a summative evaluation, which collects baseline data and returns to the project at the end to determine impact or change. A database of information on families being served was created for the RAIN mothers; however, because the database is housed at Florida International University, it has not been used effectively by the RAIN mothers to improve their program. Collaborative evaluation is an area identified for future consideration in developing the capacity of RAIN mothers to improve their program and, ultimately, the school.

A Network of Help: The Healthy Learners Consortium

The Healthy Learners Consortium is a partnership between Florida International University (FIU), Dade County Public Schools (DCPS), and the state Department of Health and Rehabilitative Services (HRS). In addition to these institutional partners, there are also representatives from various community-based organizations, including the Boys and Girls Club, the city manager's office, the Police Athletic League, and the Stanley Meyers Neighborhood Health Clinic. The Consortium meets once a month at the Fienberg-Fisher's library to address concerns of the RAIN mothers and collectively solve problems as they arise. The meetings are well attended, with an average of 50 representatives participating in each meeting.

Staff turn to the Consortium when they need help in serving families more effectively. For example, the RAIN mothers, early on, identified the need for a Head Start program at Fienberg-Fisher. When the RAIN mothers raised the issue with the school, they were told that the school had been trying to get a Head Start program established for years with no success. The RAIN mothers felt strongly that the program was needed and decided to voice their needs to the Consortium. At the Consortium meeting, the RAIN mothers stood up and expressed their concern that there was no Head Start program although there was definitely a need for one. Attending the meeting was a Head Start Director who was looking for a place to locate the program. Dr. Nebb, the principal at Fienberg-Fisher, pointed to the portable classrooms sitting vacant behind the school and offered them as a possible location for the program. Over the next few months, the details were worked out between the Dade County Public Schools and Head Start to house the program in the portable classrooms. Within less than a year, the RAIN mothers together with the Consortium were able to bring to the school a Head Start program that for years the school was unable to establish on its own. Without the forum for families and different agencies to solve problems together, Fienberg-Fisher would probably still be without this valuable program.

While this example demonstrates how a Consortium or network of service providers can solve problems, getting the Consortium to work well did not happen automatically. All service integration initiatives have some kind of interagency agreement and a council which meets regularly, but not all initiatives work as well as this Consortium seems to. In the beginning, the Consortium meetings were somewhat informal, with various members volunteering to look into issues raised by the RAIN mothers. Unfortunately, while volunteering at the Consortium meetings was easy, following up on specific tasks was more difficult: members were failing to do what they had promised and there was no way to hold them accountable to their promises. Consequently, it was decided to keep minutes of the meetings with names of people who volunteered to take responsibility for certain tasks. At the next meeting, the minutes would be read and the volunteers would be required to report back to the Consortium on their progress. Faced with the responsibility of presenting their progress publicly to the Consortium, members felt more inclined to follow through on the suggestions they had made. As a result, people were less likely to volunteer unless they were willing to work, and issues could actually move forward and be resolved.

> "There was a real sense of hopelessness in the community. RAIN has harnessed some energy to increase the community's self-esteem. As long as you don't tell them what they need and feel, they will tell you. We started by asking questions, 'What do you want?' 'What can we do?'"
>
> Dr. Patrick Mooney, Chair
> Consortium for RAIN

Another issue facing the Consortium was language. The Miami Beach area is largely bilingual or monolingual in a language other than English. For this reason, translations have been simultaneously provided at the meetings by the RAIN mothers to ensure that everyone participates and understands what is being discussed and decided. The time required to provide these translations, however, can extend beyond the patience of Consortium members. Meetings, therefore, are held to a strict timetable and discussion is limited to direct comments related to issues at hand — leaving little room for "showcasing" or posturing.

Finally, while the Consortium appears to be well supported by agency and department heads, the commitment of middle-level managers and administrators has been less than forthcoming. Following through on collaboration is difficult when there is no support by middle-level managers, who are often responsible for implementing the promises by their agency directors to share information and resources for integrating services. This points to the issue of how agencies need to restructure internally in order to support school-level integration of services. While service integration initiatives focus on opening up communication between agency directors and changing relationships between front-line workers, teachers, and, in rare cases, families, little attention is paid to the roles that middle administrators need to assume in order to support and encourage collaboration.

Multiple Sources of Funding

RAIN is a good example of a program that has benefitted from multiple sources of funding and in-kind resources to establish a "full-service" school. RAIN has tapped into private foundation funding (from the Danforth Foundation) and the Federal Department of Health and Human Services. The Danforth Foundation provided funding for the initial start-up costs and the cross-training of staff, while the Federal grant funds the program costs as a whole. In addition to these funding sources, RAIN has also benefitted from in-kind support from Dade County Public Schools and various agency partners.

Dade County Public Schools has contributed to the program by providing funding for summer staff retreats which afford the program an opportunity for cross-training of teachers, school support staff, the school's social worker and school counselor, and RAIN. The school has provided space, telephone, and furniture for the program to use in the RAIN room. Teachers are also paid supplementary stipends to work with students during the Homework Club after school.

Florida International University provides RAIN with staff including the family advocate, Tania Alameda, the Director, and a smaller staff of coordinators who assist in facilitating the program from the Institute on Children and Families at Risk. This smaller staff works to remove organizational barriers that may inhibit the RAIN mothers from doing what they need to do at the school.

In the near future, RAIN is planning to establish a family resource center that will provide health services for families in one location at the school. The center is to be staffed by a nurse practitioner and a medical assistant who are employees of the Stanley Meyers Neighborhood Health Clinic. The clinic has provided the funding to pay the nurse practitioner and the medical assistant. By being located within the school, the center will be able to provide families with the basic medical services needed to promote the well-being and health that is essential to their children's educational achievements.

In addition to the health services funded by the local clinic, services will be provided by the district at no cost to the program. The services will supplement the existing educational and social service programs already offered at Fienberg-Fisher and will include parenting workshops, family support programs, family counseling, and adult education classes. The district is currently working with Fienberg-Fisher to identify the community's needs before proceeding, in order to avoid duplicating effort. In the next year, the district is also planning to expand the family resource center concept to other Dade County public schools that might benefit from additional services.

Conclusion

Although the RAIN program provides ample illustrations of its effectiveness in collaborating with and empowering families, some challenges still remain that make this kind of collaboration difficult. These points are raised as areas in need of future study to continue the progress already made.

- ***The key to the success of RAIN has been its bottom-up approach to family-focused service integration.***

Dr. Nebb, Consortium members, and staff have all attributed the success of RAIN to the efforts of Ms. Alameda in meeting with families to identify their needs and in recruiting parents to play an on-going role in the design and implementation of RAIN. With the number of needs at Fienberg-Fisher, it would have been tempting to establish a center with co-location of services without input from families, but most involved believe that the program would not have been successful without the network of RAIN mothers who spread the word to the community and helped alleviate some of the tension between parents in the school.

- ***The good working relationship between the program coordinator and the school principal has been another essential ingredient in the success of the program.***

The principal is an important player in the school, and, without her support, RAIN would have had more difficulties in accomplishing what it has so far. Becoming a "full service" school requires a shift in how a school operates, and schools of education do not usually prepare principals to take on this kind of role. By communicating with Ms. Alameda and the RAIN mothers on a monthly basis, Dr. Nebb was able to develop a level of trust and understanding which enabled the program to continue — even when she was temporarily transferred to another school. Dr. Nebb stated repeatedly that Ms. Alameda was instrumental in helping her to understand the needs of the program and to keep her "on track."

- ***To avoid duplicating effort, service integration initiatives should be coordinated with school improvement efforts and other parent and community involvement activities already in the school.***

To build cohesion between RAIN and the community outreach specialists' work for Chapter 1, Fienberg-Fisher decided to initiate a cross-training program for all parents and community members working in the school. The community outreach specialists, along with the parent patrol and the PTA, received the same outreach training as the RAIN mothers. Dr. Nebb also meets with the different parent groups once a month and mediates some of the friction between groups.

- ***The school needs the support of district-level agencies to follow through on assistance promised to the program.***

The importance of the Consortium to the RAIN program cannot be understated. All staff, whether they were directly involved in RAIN or not, referred to the Consortium as the place they go when they need help. The effectiveness of the Consortium, however, relies on the extent to which it follows through on its promises of assistance. Because following up often involves middle-level and front-line staff, the program needs the commitment of middle-level managers in the agencies of the Consortium. Some attention must now be given to developing the commitment of these important players.

- ***District-level agencies need to learn from the efforts started in pilots, such as Fienberg-Fisher, before expanding district-wide.***

The Dade County Public School System is currently looking into the possibility of opening up family resource centers in other schools within the district. Curiously enough, the district will be basing its efforts on the experiences of schools throughout the country instead of upon the work of Fienberg-Fisher — a school in its own backyard. Fienberg-Fisher has firsthand knowledge of the "ins and outs" of establishing a full service center for families in the context of Dade County, and it is not clear why the district has failed to capitalize on the rich knowledge emerging from the program. Dr. Nebb is convinced that the district's financial resources may be wasted if the lessons of Fienberg-Fisher in pursuing a bottom-up approach is not heeded.

Case Study II

Las Cruces, New Mexico: Harnessing Federal, State and Local Resources to Strengthen Children's Learning

It is often said these days that our society is at a turning point. Report after report tells us that unless we develop new linkages between families, communities and schools, we will lose another generation of children to drugs, illiteracy, or death by violence. Forty-five miles north of the Mexican border lies a city that is outside of the view of national attention that has a number of important lessons to offer communities at that turning point. Las Cruces, New Mexico, is the eighth fastest growing city in the country. Because of the high teenage pregnancy rate and continual waves of immigration from Mexico, the school system is growing at a rate of about 700 children (the size of one elementary school) per year.

Poverty continues to tighten its grip on children in this school system. Two out of five students are likely to drop out of school. Close to 55% of these children lack any form of health coverage. Eighteen percent of all births have been to teen parents. Thirty percent of all children in the region are being investigated as potential victims of child abuse and neglect. In this context, isolating the children's educational needs from their basic need for health and security is not an option.

This chapter will examine strategies that Las Cruces has used to link health and social services to education. It is a snapshot of a community which has moved beyond the discussion stage and is getting schools, health organizations, families, and social service agencies to work together to benefit children rather than the bureaucracy. By its own admission, the community has a long way to go. The promise of Las Cruces is that city agencies, the school district, the local health department, and families, rather than working in isolation, have begun working cooperatively to solve problems and share information.

This is not the first time that the community has heard talk from Federal and state policymakers about the need for collaboration. It has been promised grants in the past only to see the money go elsewhere. While many communities respond by ignoring changes in policy — or conforming without question — Las Cruces is different. The city is now building

an infrastructure which can continuously and consistently respond to the needs of children and families. Assistant to the Mayor Michael Milam draws on a Sioux saying to explain. "Things work differently down here. The actions we take are not just for tomorrow's children. We are planning for the seventh generation."

Comprehensive Services for Children and Families

Finding transportation to and from school, clinics, social services and jobs is a daily struggle for the poorer members of the Las Cruces community. One of the few dentists in town who accepts Medicaid payments may be on one side of the valley, the elementary school on another, and the clinic somewhere in between. The major employer in the area, the White Sands Missile Base, is miles from the *colonias* (trailer parks) where many families live.

> **"Offering adult education classes here at the Loma Heights Parent Center makes a great difference for families. Most of the families who are enrolled in our adult education classes have five or six children and, of course, both parents work. They come here for classes because they know they can always bring their children, whatever age they are. I remember once our entire child care staff was sick and the child care center was closed. Word got around fast. That night, the GED class which generally has around 20-30 students a night, was completely empty. It is not that the students did not want to come. Without the child care, they were unable."**
>
> **Carmen Call**
> **Teacher and Parent Center Coordinator**
> **Loma Heights Elementary School**

To tackle this problem, community members have worked together to provide services to families where and when they need them. Students at Picacho Middle School can schedule health screenings, talk to trained counselors about drug and alcohol problems and learn decision-making skills through the school's own Wellness Center. Child care services and parenting education classes are offered as part of adult education classes at two elementary schools. Employees of the White Sands Missile Base have access to a full-time home-school liaison based right at their work place. Public housing residents in other parts of town know that their children are safe and cared for at one of three school-community centers located in refurbished public housing apartments. For the growing number of homeless children and families in Las Cruces, the school district supports a full-time outreach worker to provide services to families moving through the shelter system. The outreach worker equips homeless families with school supplies and helps them to track down school records and get necessary immunizations.

"This June a young woman who I have gotten very close to will graduate from San Andreas High School. She is now 17 and had her first child on her 14th birthday. She is very talented academically but I'm not sure what she would have done if there weren't schools like ours to provide her with the supports she needed. At San Andreas, we put her in touch with some income assistance programs to help her gain some independence from an abusive relationship. There are nurses on hand to make sure her baby is healthy. When it was time for her to take the ACT test one Saturday, we provided child care for the baby right in her home. This summer she'll start at the University with family housing and all those services right on campus. We have bright hopes for her future."

Linda White
Student Counselor
San Andreas High School

Often what families need is not more services, but more coordinated support. In Las Cruces, linkages are critical for families whose lives are complicated by poverty and recent immigration to a country with a language and norms different from their own. To address this need, the program administrators in Las Cruces are combining health, educational and social services. Families of preschoolers participating in one of a handful of early childhood programs, for example, are guaranteed preventive health and dental care, transportation to and from services, the assistance of a bilingual staff, child care for younger children, and adult education classes.

Putting health, educational and social services together for families contrasts with the traditional categorical approach: dental care for this set of children, before- and after-school care for that set. For Las Cruces' teen parents, coordinated support can mean becoming a new mother doesn't necessarily mean dropping out of high school. The Las Cruces Alternative High School offers teen parents a fully integrated nursery, parenting education classes, transportation to and from school, academic and career counseling, and for a fortunate few, subsidized housing.

Because continuity of care is critical for children of Las Cruces whose families are constantly on the move in search of employment or housing, program administrators have worked to extend services and supports for families across ages and beyond the end of the school day or year. Children who are making the transition from preschool into kindergarten continue to receive the comprehensive health care that they enjoyed under Head Start. In at least four elementary schools, students (many of whose parents work) can stay at school after the bell rings and participate in after-school programs such as reading clubs, computer literacy workshops, puppeteering classes, and sports activities. For the past two summers, fourth and fifth graders across the city have participated in a summer institute which teaches academic content through physical movement. What cannot be done at school can be taken home through the city's "lending library" programs that provide computers, books, toys, videos.

All of these activities are supported by a rich menu of collaborative strategies which engage families, community workers, and educators in a common goal: improving learning for children. Program administrators, policy makers, and parent activists in Las Cruces insist that they act only with common sense. While this may be true, it is common sense which is guided by a not so common set of principles. In their approaches to funding and information-sharing, administrators in Las Cruces consistently put children's and families' needs first.

> "Providing continuous services can create a safety net for families who need it. One of the parents of our Chapter 1 children is in an abusive relationship. But if she divorces her husband, she'll lose her opportunity for citizenship and be deported. Our parent center has become a safe haven for her family. She and her children are here practically every evening. Here she can be counseled by parent center staff. She is taking ESL classes while her children learn how to make puppets and get help with math. This is the place she and her children come to build their strength."
>
> Donna Fullerton
> Chapter 1 Coordinator
> Las Cruces Public Schools

Multiple Funding Strategies

At some point, for every community, a moment of decision is reached. There may be wide agreement on the need to link health and social services for families, but no one is quite sure how to pay for them. State and Federal policy can pave the way, but it still remains the responsibility of local program administrators to take the steps needed to harness resources for children and families. Las Cruces has taken this responsibility seriously and is actively exploring ways to redirect Federal, state and district resources to support comprehensive services.

Reinvesting Medicaid Funds to Support School-Based Clinics

Under the leadership of family nurse practitioner Jill Kerr, the Las Cruces Public Schools are working to fund school-based health clinics with Federal Medicaid funds. Over 300 children in Las Cruces currently receive Medicaid, but it is estimated that another 6,000 are qualifiable based on the school lunch programs.

Furthermore, because the state of New Mexico recently passed a law loosening eligibility requirements, an additional 10,000 families in Las Cruces will now be eligible for Medicaid. Kerr and others see this as an opportunity to increase access to health and social services by linking them to the local school. Schools in the community already provide many services that could be paid for under Medicaid without being reimbursed for them, because school staff are wary of Medicaid's complicated reimbursement procedures. To help schools and families tap into this rich source of funds, Kerr and colleagues are working to establish a non-profit organization (501(c)-3) called School Health Inc. which would act as a kind of school-based HMO through which Medicaid funds would flow. Agencies that have traditionally provided services out of clinics and hospitals would offer the same kinds of services on school grounds. As part of the agreement, providers would be reimbursed 80% of their costs. School Health Inc. would retain 20% of Medicaid funds. Kerr estimates that for a community like Las Cruces, that 20% equals about $50,000 a year in revenue that could be used to generate a pool of funds to sustain services and replicate them throughout the community.

Strengthening Families through Chapter 1 Funds

The 1988 amendments to Chapter 1 of the Elementary and Secondary Education Act (ESEA) strengthened requirements for parent involvement in education. Recent studies suggest, however, that many districts have continued to use Chapter 1 funds for traditional purposes such as parent-teacher conferences (Milsap et al., 1992). In contrast, the district Chapter 1 program in Las Cruces has been the driving force behind the district's effort to strengthen families. Leading the charge is Chapter 1 coordinator and former Chapter 1 teacher, Donna Fullerton.

Fullerton believes that families are essential to the education of economically and educationally disadvantaged children. Experience has taught her that districts must take the lead in helping schools move parent involvement beyond traditional mechanisms such as parent advisory councils. Fullerton has used the increased flexibility in Chapter 1 money as a means of building school capacity and strengthening health and social supports for children.

Under Federal policy, districts have the option of using 5% of their Chapter 1 money to fund innovative projects to promote improvements in the Chapter 1 program. While parent involvement is only one of a long list of purposes that money can be used for, the district has

made it the cornerstone of program improvement efforts. To receive funding, projects must have an in-depth parent involvement component and parents must serve on the district-wide team that reviews grant applications. Technical assistance in program planning is provided to schools that want to support families but are not sure where to start. Successful projects are rewarded by having their grants extended from year to year.

Through its earmarking of funds for parent involvement, the district office has expanded instructional supports available to Chapter 1 children. Chapter 1 children and/or their parents in over twenty schools have access to many of following services: home visits, counseling services, after-school tutoring, intergenerational reading programs, health education courses, summer institutes, home learning computers, and video and resources libraries.

Creating the Space to Support Children's Learning through Housing and Urban Development Funds

With its student population growing at rate of close to 700 children a year, physical facilities in Las Cruces are almost currency. When the Las Cruces Housing Authority first began to talk to other agencies about the need to work together to support children's learning, they found that many wanted to help but were thwarted by a simple lack of space. Overcrowding in the school district resulted in the use of mobile units. Until April of 1994, when new legislation was passed, even the popular Head Start program could not use grant funds to construct facilities.

Now, with creative use of Federal housing and Head Start money, three new community-based learning centers serve students and families around the clock and throughout the year. In the course of one day, a refurbished apartment in the Conlee Heights Public Housing neighborhood is used alternately by the housing authority, school district, Head Start program, and a community college's Adult Education program.

The first step was a meeting between agency heads and front-line staff from the Las Cruces Housing Authority, the Chapter 1 program, and Head Start. "This meeting laid the groundwork for our on-going collaboration," explains Sam Encinias of the Las Cruces Housing Authority. "Staff from very different agencies became familiar with each other's programs, resources and needs." The school district was looking for building space located

near or on the grounds of the public housing neighborhood where school-age children and families could go to for safety, community and instruction. The housing authority had gotten the go-ahead from the Federal government to use Federal funds to support "community education" but was not sure where to start.

The collaboration was launched when the housing authority identified centrally located apartments which were currently unoccupied. For one unit, it used HUD Modernization Grants to renovate the apartment and install heavy metal doors and a security system. Federal Drug Elimination grants and Community Block Development Grants helped pay for equipment such as computers. In another center, Community Development and Block Grants were used. The Dona Ana County Head Start agreed to provide start-up funds to refurbish the third.

Reassigning Staff to Provide Services to Families Where and When They Need Them

A popular way to link health and social services to schools is to hire new staff — home-school liaisons or family outreach workers — who connect children's and families' needs with supports available at school or in their communities. Communities like Las Cruces have found that a cost-efficient way to provide services is to reassign existing service delivery staff to work where and when children and families need them.

The Las Cruces Public School District has a purchase service agreement with the White Sands Missile Base to support three on-site parent educators to work with families of children up to age three. The parent educators' salaries are paid by the Missile Base but administered through the school system's Parents as Teachers program. This arrangement has mutual benefits. The Missile Base is able to support community outreach workers who are trained and supported by the district. The school system can extend the reach of its program without having to raise new money or overextend its current core of parent educators.

Chapter 1 has a similar kind of arrangement with the Las Cruces Housing Authority. There are currently two community-based parent centers jointly operated by the Housing Authority and Chapter 1. The centers are staffed by teachers and high school students (also public housing residents) who tutor children and accompany them on field trips.

Through School Health Inc., there is discussion of hiring a school-based intake-worker to enroll eligible families in the Medicaid program. Currently, the only way that families can enroll in the program, which can support preventive health care for their children, is to go to the welfare office. There is only one welfare office, but there are over 20 elementary schools. Kerr got the idea of basing intake workers from local hospitals in the schools; they began enrolling families on site last year.

Channeling Federal and State Money to Build Continuity

Upon enrollment in kindergarten, many children in Head Start lose access to the health and social services they were receiving under Head Start. Through an innovative agreement between the Las Cruces Public Schools and the Federal government, five-year-olds in Las Cruces can now continue to receive health care through their first year in kindergarten. Children who continue to be eligible for Head Start through age five are placed in the same classrooms as non-Head Start children. Under the new arrangement, Federal Head Start money need not be limited to personnel and facilities but can instead be channeled into extended health services. Regular kindergarten teachers (and their classrooms) further benefit by participating in the training in parent involvement and child development required under Head Start. As the school district's Head Start program expands, it will gradually reduce the number of five year-old kindergartners served to allow children currently on waiting lists to be served at an earlier age.

Clustering Services Across Federal Programs

As their common last name suggests, the Federal early childhood programs Head Start and Even Start are similar in many ways and often overlap in the population of children served. Head Start provides health, educational and social services and has an optional parent involvement component for infants and toddlers and their families. Even Start has a required parent education and child care component for low-income children age 0-7. Because of this requirement, Even Start grantees must provide child care for the period that parents are involved in the program as well as transportation for parents to activities.

Head Start coordinator Judy Davis has found that when Even Start and Head Start services are physically clustered together, more comprehensive services can be provided to

more families. The Head Start and Even Start programs are located in adjacent mobile units near one of the district's elementary schools. Program directors are advised to schedule classes, activities, and workshops at parallel times. In this way parents who are eligible for both programs can be transported, receive child care, and participate in parenting education and adult education classes at minimum cost.

Networking

Las Cruces has dozens of private sector, non-profit agencies responsible for delivering services to families. Up until this point, agencies serving similar populations have not had any systematic way of sharing information about the common families they serve. Consequently, a family may be asked to provide the same information on five different forms. The result is often duplication of some services (e.g., five mental health counselors assigned to one child) and omission of others (e.g., no transportation to the clinic).

Cooperative Information Networks

With the help of a state Healthier Communities grant, a number of agencies in Dona Ana County are working together to build a cooperative information network. The Las Cruces Public School District, the County of Dona Ana, New Mexico State University, and Memorial Medical Center are integrating their individual network systems to connect health, educational and social service agencies throughout the county. A Users Information Group has been established. The group, which represents a cross-section of the community, is developing a standard information form and data base that families and agency staff can access.

The network is currently being used primarily by agency staff who have been trained in the use of electronic networking and have access to a computer. For instance, the head of a community action agency has used the network to get access to the Federal Register of current funding and, through e-mail, has collaborated with staff at other agencies to produce a joint grant proposal.

Quite independently, the Las Cruces Public Schools and Housing Authority have established a mechanism for electronically sharing information about the academic

performance and attendance of students living in public housing. A new local housing authority policy now requires public housing residents to keep their children in school or lose their housing. According to HUD staff, when it was first implemented, "the policy did not have any teeth." Parents knew that the authority had no way of regularly checking up on children's attendance. Housing authority officials' next step was to contact the school system and arrange to get regular updates on children's school attendance. According to administrator David Roberts, having on-going access to information about children's needs enables the housing authority to "move into a pro-active mode for helping children of residents to do better in school." Residents living in the public housing neighborhood were hired to compile the information and follow-up with children and their parents. In many instances, parents have been linked with community supports such as after-school tutoring and parent centers that they had not known existed. Since the collaboration began, the school attendance of children living in public housing has improved by at least 50%. An agreement was reached with the Assistant Superintendent to make information-sharing with the housing authority a high priority task for district monitors.

Parent-to-Parent Networks

In Las Cruces, as elsewhere, personal and professional networking across agency lines is not a new phenomenon. Increasingly, however, there are efforts to support information-sharing and networking between families and front-line workers. Through a grant from the New Mexico Advocates for Children and Families, a county-wide phone tree has been established. The phone tree provides a rapid response network that enables families and front-line workers to keep informed about Federal, state and local legislation. Through the combined efforts of the Parents as Teachers, Head Start, and Even Start programs, parent support groups have been formed. Each year, an average of three hundred parents representing different Federal programs (Head Start, Chapter 1, Even Start, and Bilingual Education) participate in an annual parent conference. Home-school liaisons, the majority of them parents, also meet monthly to share information and strategize together. The meetings provide a forum for parent workers to collaborate in ways that have very immediate benefits for families.

The Role of Families

The idea now popular in educational reform circles, "It takes a whole village to raise a child," has long been a part of Las Cruces' diverse cultural heritage. Mexican and Native American traditions have long recognized the centrality of the family in child's development.

Families as Program Designers

> **"Family involvement is something which is intuitive to our cross-cultural heritage. Poverty and racism have put fences between families and their children. We are trying to help families take down these fences and become central actors again in their own children's development and our community's rebirth."**
>
> **Parent**

Rather than merely being on the receiving end of services, parents in Las Cruces are helping to decide what kinds of health and social services should be linked to schools. "All over the country and especially west of the Mississippi, the idea of school-linked services has become an explosive one," explains Reverend Jim Dixon, pastor of Las Cruces Resurrection Power Church. "Parents, community members, and agency staff on both sides of the fence need to get talking so that the whole concept doesn't get blown out of the water."

When the talk began in Las Cruces, there was an outcry from more conservative members of community — many of whom had children in the schools. Rumors flew that a sex-education clinic was opening at the school. A Parent Advisory Group (PAG) has helped the community to weather the storm and lay the foundation for a shared vision. The Parent Advisory Group is a culturally and politically diverse group. Unlike more traditional forms of advisory councils, the majority of PAG parents represent only themselves and have no agency affiliations or agendas. Agency heads, educators, and front-line staff, however, are also represented on the team.

Early on, the group agreed that their county's first school-based clinic would be a Wellness Center that would provide mostly preventive services and some primary care, would be open four hours, two times a week, and would require parental permission would be required for most services. Establishing these ground rules early on has enabled the group

to move beyond the political gridlock that often paralyzes communities and has allowed the center to become quickly operational.

The priorities set by the group reflect their shared goal of improving students' success in school. To test the common assumption that high absenteeism was linked to poor health, the clinic first targeted students with high absentee rates. When absent consecutive days, the student and his or her parents are invited to come to the clinic for a visit. The student has the option of continuing to use the clinic's services after getting well.

The Parent Advisory Group has identified a "sister school" where plans are underway to open the city's second school-based clinic. Technical assistance will be provided by the Parent Advisory Group. Parent advisory groups are being formed at the city's other 20 schools as well. Representatives from each parent group are being elected to serve on the district Parent Advisory Group, which is charged with advising the school board on school-linked services and other issues.

Families as Program Implementers

The district's push for school-linked services has increased the need for staff to serve as links among the needs of community, school and family. The program is beginning to tap the expertise of parents to provide these services.

> "I remember when my co-worker Genevieve used to come to my house. My son would say 'Mamma, that nice lady is here. That lady who goes to school with me and comes here to listen to you talk.' I was a troubled one back then, expecting my fifth child and not getting along with my husband. A couple months ago, I went to visit a parent who I have spent a lot of time with. Like the old me, she is in trouble. When I saw how happy she was when I came to the door, it hit me. Now I am the nice lady."
>
> Dora Galvez
> Home-School Liaison
> Chapter 1 Program

Parents of Chapter 1 children are being hired as paid staff to enrich the academic program. Three parents, for example, have been hired to work full-time as home-school liaisons. Although the home-school liaisons are classified as paraprofessionals and paid at the lower end of that salary scale, their responsibilities differ markedly from traditional Chapter 1/Head Start aides. As opposed to spending all of their time in the classroom, by their own definition home-school liaisons spend a lot of their time in the field.

In a number of instances, parents have been recruited to teach in school-based and community-based after-school programs. The Housing Authority has hired three parents (also public housing residents) as school-community liaisons. The school-community liaisons, supported by Federal Drug Elimination funds, are responsible for keeping in regular contact with school district staff and parents regarding children's attendance in school.

Las Cruces is an example of a school district that has taken the initiative to cross agency boundaries to meet the growing needs of its population. While some service integration proponents would argue that school districts and boards of education are too unstable financially and politically to be a reliable source for integrating services, Las Cruces has demonstrated that the very opposite is possible. Their efforts provide some important lessons for other districts and agencies interested in collaboration and empowerment.

Conclusion

- ***Agency heads and front-line staff from local housing authorities, school districts, public health offices, and city councils can be the driving force for channeling Federal, state and local resources to strengthen learning supports for poor children.***

District administrators in many communities have acted on the assumption that they have little influence over the Federal and state regulations, laws, and budget guidelines that govern the programs that they administer. In fact, in many instances, they have exercised significant control through their narrow interpretation of how Federal, state and their own resources can be used.

A number of program administrators in Las Cruces are demonstrating a different kind of leadership in their efforts to link health and social services to schools. The Jill Kerrs, Donna Fullertons, Anselmo "Sam" Enciniases and Judy Davises are policy mavericks. They set themselves apart not through their dismissal of policy but in their expert knowledge of how Federal and state resources can be used. They are constantly challenging the unwritten traditions and formal policies which have dictated a categorical use of resources. They lead with the questions, "What are the core services that all children in our community need in order to succeed in school? How can we marshall these resources so that poverty or race does not determine a child's educational progress?"

These are questions that Federal and state policymakers have been urged to address. Rather than waiting for others to act, local program administrators in Las Cruces have made themselves part of the solution. They are using the increased flexibility within programs such as Chapter 1 and Medicaid to strengthen the capacity for long-term changes within their own community. At the same time, they are nudging changes in Federal and state policy by calling attention to families' actual needs and their own successful innovations.

- ***Concurrently, the same leadership qualities valued by Las Cruces' program administrators and staff have yet to be fully recognized and nurtured within the families the programs aim to serve.***

The experience and skills of low-income parents in cooperative problem-solving and creative financing are not being brought to bear on decisions affecting large numbers of children. A symptom of the marginal role of parents is their limited access to information systems which administrators and staff are beginning to find so useful. With a few notable exceptions, parents remain the objects of information systems rather than sources of information for keeping schools and service delivery systems accountable.

One of the most pressing reasons to involve families in program design and evaluation is to make sure the solutions are culturally responsive. As with traditional forms of school reform, issues of race and class in school-linked service initiatives are often hushed or ignored. In instances when parents in Las Cruces have played significant roles in designing and evaluating school-linked services initiatives, they have forced attention to some of the deep-rooted barriers to improving children's learning that expansion or coordination of services will likely not address. They have raised questions such as:

- *What is it about the way that the school has provided support services to poor children that has contributed to some students' poor attendance?*
- *How have the structure and focus of parent education workshops alienated families of particular races and cultural groups?*
- *When schools close at 2 p.m. and homes themselves are unsafe, where can mothers go to support their children's learning?*
- *What are the real (as opposed to perceived) reasons that immigrant parents may not respond to school requests for children's health records or free-lunch forms?*

When parents have on-going opportunities to raise and find answers to these questions, then school-linked services will make a difference for children.

Case Study III

School Based:
School Based Program in New Brunswick, New Jersey

> "School Based teaches the facts of life and also gives experiences in how to behave in certain situations, like how to act on an interview. [I came here] because my friends told me it was a fun place. School Based supports us with any problems and what to do and how to respond to problems at home. They've always been there for me, when I needed them. It's a special place."
>
> Student, Grade 11
> New Brunswick High School

When asked what they would want from a school-based health clinic, students at New Brunswick High School replied, "We want a place that is comfortable and private. A place where we could go to talk to someone without worrying that others will find out our business." Answers like these confirmed what people at the state department of human resources were beginning to realize: If the schools provided access to multiple services in a convenient place that was *not stigmatized*, more students would use it. The School Based program at New Brunswick High School designed a school-based clinic with pool tables, chess and other games, a big-screen television, comfortable lounge chairs, and a stereo. The center looks and feels more like a community recreational center than a medical clinic which so often says to clients: "If you walk in here, there must be something wrong with you." This recreational component of the School-Based Youth Services Program (SBYSP) is what makes it unique and accessible.

To help schools provide comprehensive services for their students, the state department of human resources has funded twenty-nine School-Based Youth Service programs, of which New Brunswick High School is one. To qualify for funding, each School-Based Youth Services program must include the following five components:

- Mental health services
- Physical health services
- Recreation
- Employment services
- Teen Parenting services

Together, these five components constitute a comprehensive framework for services that complement existing academic activities in the school. In order to apply for funding, schools, in conjunction with community agencies and parents, must submit a joint proposal explaining how the school-based program intends to meet each of the five requirements.

In New Brunswick, the School Based program provides mental health services in partnership with the University of Medicine and Dentistry of New Jersey. In fact, the School Based staff are all university personnel who provide mental health counseling, family therapy, and substance and alcohol abuse counseling to students.

To serve physical health needs, School Based helps students make appointments and provides transportation to the Eric B. Chandler Health Clinic (a neighborhood health clinic) or to local hospitals. In addition, School Based has an in-school health education program (Alliance for Teen Health) dedicated to promoting student awareness of physical health issues such as AIDS, teen pregnancy, and prevention of health problems.

To address teen parenting, School Based has established the Parent Infant Care Center (PIC/C — pronounced "pixie") in the school building to offer on-site infant care for teen parents deemed at "high risk" (i.e. students with problems at home, students with no family support, students living outside of home, or students whose grandparents are working and have no one at home to care for the children). New Brunswick has very few resources for infant care citywide (only eight slots total), so PIC/C, by offering 12 slots, has more than doubled the availability of infant care for the city of New Brunswick. PIC/C is staffed by the university's CARRI program (Children At Risk Resources and Intervention) which cares for, educates, and models positive parenting behavior for teen parents.

Finally, employment services are provided in conjunction with the school's guidance counselors, as well as through the school's partnerships with AT&T and Johnson & Johnson, to create employment opportunities and mentoring for students.

The Setting for School Based

> "Because of School Based, I can leave the building. Before I used to be on pins and needles. I couldn't afford to leave the building because I was always responsible for what goes on in here. With School Based, I am confident that the staff can handle any major problem or crisis. For example, while I was in Florida to present at a conference, one of our students had committed suicide. Before School Based, I would have had to get on the first plane back and handle the crisis personally . . . The school would have been a wreck. But, by the time I got the phone call about the student, the counselors had already organized assemblies and special services to help students with the grieving process. That would have been impossible before School Based."
>
> Mr. Brown, Principal
> New Brunswick High School

School Based is located in New Brunswick High School — a school serving approximately 750 students. New Brunswick is a working class urban community (population 45,000) with 75% African-American and Latino populations and concentrations of low-income minorities at the high school. In recent years, New Brunswick has seen a steady increase of undocumented immigrants from Central and South America. In addition to the complex problems presented by language barriers, the newcomers are often afraid to approach government agencies for basic needs — health services, housing, and employment. Forty-five percent of the school's population is Latino or Spanish-speaking and students from a variety of cultural backgrounds.

The School Based program in New Brunswick High School consists of five clinicians and the staff for the teen parent child care center, all of whom are provided by the university.

The History of School Based

Faced with possible cutbacks in a number of departments all dedicated to serving children and families, the New Jersey Department of Human Resources (DHR) decided to investigate how to serve the neediest students by pooling resources across departments and creating a "one-stop shopping" model of service integration for public high schools. After a year of intense discussion of budgets, DHR was able to collect $500,000 for this new model; however, with the number of high schools serving low-income students, $500,000 was not nearly enough to cover the costs of co-locating multiple services in one building. Consequently, DHR petitioned the state legislature to provide additional funding. The department argued that if the legislature provided $2 for every $1 raised by DHR, it could adequately

fund at least one School-Based Youth Services Program (SBYSP) in each county. The legislature agreed to the increased funding, and SBYSP became a possibility.

In the meantime, in New Brunswick, a private community-based organization called New Brunswick Tomorrow was engaging in dialogue with the University of Medicine and Dentistry and New Brunswick Public Schools to discuss expansion of student access to medical services — particularly for undocumented students who were ineligible for Medicaid. Because New Brunswick is considered the medical hub for the entire state of New Jersey, the fact that students had no access to quality medical care struck many people as unacceptable. New Brunswick Tomorrow exerted a great deal of leadership in bringing together representatives from various agencies, city government, the public schools, and the business sector to discuss how health and social services, employment services, and education could be integrated. "By coming together early on," says Ted Hargrove of New Brunswick Tomorrow, "we were able to build commitment into the program." When the RFP from the state department was circulated, New Brunswick already had a group of community representatives, educators, and families who could develop a joint proposal for school-based services.

This pre-existing group became the community advisory board for School Based. The board was responsible for surveying students and engaging in an ongoing dialogue about the kinds of services students needed as well as for the logistics of setting up the program — personnel, space, furniture, and resources. One of the first needs identified was mental health services for adolescents — services without the stigma associated with the mental health clinic. These services were to complement the work of guidance counselors who were too overburdened with employment counseling and scheduling responsibilities to devote sufficient attention to mental health counseling. In response, the School Based program at New Brunswick High School placed a heavy emphasis on the mental health component.

> **"True collaboration grew out of our earlier conceptualization of community needs. Conversations already existed between the University of Medicine and Dentistry and the schools as well as with New Brunswick Tomorrow and other community players. The uniqueness of our program is that we are a community-based program. The whole community is involved so we can develop new programs [like expanding to elementary schools] as needs grow."**
>
> Ted Hargrove, Executive Director
> New Brunswick Tomorrow

With this pre-existing group in place, drafting the proposal for the state department was much easier. Much of the groundwork of developing common understanding or consensus on needs along with a strong commitment to seeing the program through had already been laid, and the seed money from the state provided further incentive to strengthen the commitment to continue. The proposal matched in-kind and financial resources to the funding allocated by the state. The Board of Education provided space to house the School Based center and the child care center for teen parents. The Board of Education also remodeled the space to meet the program's needs and requirements — for example, to maintain sanitary conditions and provide mental health counselors with offices so that they could counsel students privately and at the same time to supervise recreation activities in the main hall. New Brunswick Tomorrow raised extra funding to supplement the state grant for the child care center. New Brunswick Tomorrow also solicited the help of Johnson & Johnson and AT&T to recruit mentors for the recreation component. Finally, the neighborhood clinic (Eric B. Chandler Clinic), in conjunction with Planned Parenthood and School Based, wrote a grant to develop a program to increase access for undocumented patients to quality, affordable health care. Thus, while the state department of human resources provided significant funding for School Based, the advisory board also mobilized local and other state resources to supplement this funding to extend the reach of the program.

After receiving their grant, it quickly became apparent to School Based administrators that their program offered assistance to students at a point when it was almost too late to be helpful. Many students had problems extending several years back. School Based, therefore, decided to expand its program into five area elementary schools in the hopes of reducing the magnitude of the problems at the high school level. The advisory board sought additional resources from local and state sources to create the new School Based centers and are currently establishing a referral network to link children and their families to needed services. This is unique to New Brunswick, as the focus of the original School-Based Youth Services Program was primarily on high school students.

A Network of Community-Based Support

School Based is unique among School-Based Youth Services Programs in the state because its managing agency is a non-profit organization, New Brunswick Tomorrow. This community development corporation is independent of any one particular agency and is, therefore, free of the "turf issues" that pervade agency politics. Through New Brunswick

Tomorrow, School Based has been able to garner resources from the business community to add to the social and health services provided by the University of Medicine and Dentistry, the neighborhood health clinic, local hospitals, and the school district. This network of agencies and businesses has supported School Based in a number of ways: offering help with information sharing between agencies, community organizations, and schools; providing staff development; pooling resources; and providing political brokering.

Information Sharing. New Brunswick is a small city where people interested in social issues are likely to see each other at many of the same events and to communicate often about their work. These informal face-to-face interactions were the basis of what would become the network for School Based. As members of the network met in more formal circumstances they began to realize that, although they had different lenses or emphases, their mission was the same. Soon, their discussions focused on developing a more comprehensive approach to serving the most distressed families, and it was this focus that led to discussions of linking services to schools.

After School Based was established, these organizations and agencies continued to communicate about specific needs and how best to meet them. While each agency has its own strategies and language for dealing with social needs, the network is a forum for working through these differences and to identifying the most appropriate direction to take. This is not an easy process. It requires respect for other key players and the hard work of seeking out information from research or from other sites operating similar programs in order to make an informed decision as a team. Ultimately, the network is able to function because the key players are willing to consider alternatives to their own ways of thinking.

The network plays an important role in assessing the needs of the community to ensure that the linking of education with social and health services is genuinely responsive to these needs. Initially, the network identified high dropout rates among teen parents, discipline, and substance abuse as important problems in the community. As a result, the three main components of School Based are those that deal with preventing teen parents from dropping out, reducing violent conflicts in school, and preventing substance abuse.

Staff Development. One of the roles of the network has been the training of teachers and School Based staff around specific issues. For example, to address the problem of violent conflict in the school, the network weighed a variety of means. At first, some members advocated punitive measures and discipline, while others emphasized changing the climate

that results in violence. After much discussion, the network finally reached consensus that the best way to address the problem was through a preventative program that would teach students conflict resolution skills as an alternative to violence. It also became apparent that the best way to implement the program was to involve students in the training and implementation. This program came to be known as SAVVY (Students Against Violence and Victimization of Youth).

To implement SAVVY required training of School Based staff as well as teachers. School Based staff were trained in the Second Step curriculum, a violence prevention and anger management program currently used in the middle schools; in turn, the staff trained students and teachers at the high school. The staff also taught the curriculum as part of a preservice program for Rutgers University undergraduates who would be working with young people. To extend the reach of the program to younger students, New Brunswick High School students were trained in the same skills to go into the elementary schools and teach third and fourth graders. This created a continuous violence prevention program from the third grade to high school. Finally, staff held a one week, statewide "train the trainers" program in which representatives from other SBYSP programs were trained in the curriculum, with the expectation that they would train other staff and teachers. At present, every School-Based Youth Services Program in the state has some kind of violence prevention component.

Pooling Resources. One of the contributions of the network has been the pooling of in-kind and financial resources across agency lines. In developing the recreational component of its program, for example, the network tapped the Alliance of Black Telecommunications Employees to serve as volunteer mentors. Because it was clear early on that teachers and guidance counselors were overwhelmed with student needs, the Alliance mentors offered assistance with college and career preparation, tutoring, filling out college and job applications (including financial aid), and career planning. The mentors also assisted with building social skills (such as public speaking and social etiquette) as well as dealing with issues of cultural and racial diversity. This last issue was particularly important because the school was experiencing an exponential growth in their Latino population which caused some friction between the Latino and African-American communities. So, the mentors were instrumental in developing programs to educate about cultural diversity.

Political Brokering. Because the network includes partners from the business sector, the local hospitals, and the community, as well as family members and educators, the political

clout of this network is considerable. The network has been able to use this clout to initiate programs that might otherwise have been politically impossible. For example, setting up an infant day care for teen parents was originally seen by more conservative members of the community as promoting teenage promiscuity rather than solving a growing problem. The network worked with the National Committee for the Prevention of Child Abuse, which had successfully set up two other school-based infant care centers as a way to prevent child abuse among young parents. The network was able to capitalize on the learnings of this earlier attempt and began to talk early on with the Ministerial Alliance, Planned Parenthood, Right to Life groups, the Department of Public Health, the Department of Human Resources, and the Salvation Army.

Meanwhile, New Brunswick Tomorrow began negotiations with the city council and the board of education to establish a school-based day care center. Because the school building would require renovations to meet infant care regulations, the network developed a cooperative agreement with the Greater New Brunswick Day Care Council to provide transportation and infant care in a local day care center until the school-based center was open. By creating a school-based day care center, School Based was able to reduce the dropout rate among teenage parents, double the number of quality infant care slots for the city, provide transportation for health care for both child and parent, and offer parent education workshops for teenage parents to reduce child abuse incidents.

Coordination with State Agencies. In addition to the local network, School Based is also linked with a statewide network of state agencies called FamilyNet. The purpose of FamilyNet is to learn from local programs about strategies that work and to develop state policies that support local school-community linkages. FamilyNet consists of representatives from the state departments of human resources, education, and labor. Every month, FamilyNet meets to discuss what each local community is doing and to solve problems jointly. This enables FamilyNet to coordinate school-community linkages and avoid duplication of effort.

The Role of Families

School Based is a program that is committed to providing comprehensive programs that are tailored to the specific needs of each school community. While the program is state funded, the design and implementation of the program are left to community advisory boards. In New Brunswick, School Based has involved students and their families in the assessment of needs, the design of workshops and programs, and the implementation of programs, but parents do not play as significant a role as students do. Part of the reason for this is the importance of maintaining confidentiality between students and their counselors; however, parents must be kept informed of their children's progress.

Families as Program Designers and as Assessors of Needs

The primary means of involving parents as program designers and assessors of needs is the ongoing communication between parents and School Based staff. Parents are required by law to sign consent forms to enable their children to receive medical and counseling services. Thus, parents must be involved in determining their children's needs and evaluating which course of action would be best for them. School Based staff also conduct home visits to offer services to families, particularly when a counselor has received information — e.g., about suicidal tendencies — that requires immediate attention. Parents also actively participate on the community advisory board that governs the School Based program. The effectiveness of family involvement in program design and needs assessment is reflected in the degree of students' participation in the program.

From the beginning, the needs and concerns of students have dictated much of the program's design and the actions of staff. The community advisory board initially interviewed students to find out what their needs were and how to deliver services that would be most useful and helpful to them. Specifically, students were asked:

- *If you had a problem, whom would you talk to?*
- *How would you go about getting help?*

> "We were set up to augment guidance counselors who didn't have time beyond academics. There was no way of probing problems beyond grades, schedules, and educational planning. Students with family or mental health problems were without services. A mental health clinic carried a stigma, so School Based was set up as a place both for socializing and for observing students so we could assist in communicating respectful behavior. It was also to enable them to feel comfortable in a social situation outside of the classroom."
>
> Mental Health Counselor
> School Based

The results of the interviews made it clear to the advisory board that students were uncomfortable with the idea of a clinic that carried with it a stigma of "being troubled." It also became clear that students had mental health needs that were going unmet due, in large part, to the overwhelming responsibilities of guidance counselors. A more subtle aspect of the problems had to do with the issue of privacy. Guidance counselors worked out of offices that had partitions for walls and no doors. Everybody, it was felt "knew everybody else's business." Students were also concerned that guidance counselors would talk to other staff about their problems. School Based, therefore, created private offices (with doors that close and blinds on the windows) in which students could talk to counselors or get referrals and transportation to the health clinic. Also, it was agreed that the content of conversations between School Based staff and students were to be confidential and would *not* be shared with other staff; however, School Based staff would update other staff on progress without discussing the details. Students also have the right to decide what can and cannot be shared with other staff and with their families. This ensures confidentiality while also giving students the option of sharing information with other staff or family members to help resolve problems.

Students also take part in designing workshops for the health component of School Based. This component, called the Alliance for Teen Health, is a partnership between the Eric B. Chandler Health Center, School Based, and Planned Parenthood of Middlesex County. The Alliance not only provides health services through the health center, but also offers health education workshops based on topics of concern identified by New Brunswick High School students. The Alliance has established an Adolescent Advisory Council comprised of fifteen to twenty students whose primary responsibility is to communicate with other teens in school about health issues and to keep School Based staff informed about topics for workshops. The Council makes presentations to students and puts out a newsletter which not only discusses healthy practices and ways of getting needed services, but also prints results from student surveys to illustrate common ideas (and sometimes misperceptions) that students have about health issues. By administering student surveys, the Council becomes a vehicle for students

to assess what students in their school know about health and what programs and workshops would be helpful in meeting their needs.

The recreational component of School Based is flexibly organized to enable students to determine the kinds of activities that interest them. School Based staff are always open to suggestions from students. Sometimes, however, students are reluctant to proffer ideas for activities, and staff will suggest activities to pique their interest. For example, one counselor suggested dance classes to build student social skills and sense of identity, but the male students were hesitant. Once the counselor demonstrated that dancing meant dancing with girls, their interest increased. Through these classes, the counselor was able to model respectful behavior between men and women.

For teen parents, the Parent Infant Care Center (PIC/C) involves teen parents and their own parents in documenting their child's needs and in identifying topics and concerns for their parenting classes. The curriculum of the classes is underwritten by the PIC/C staff (or "educarers"), but parents identify what they want to discuss. For example, teen parents were concerned about discipline and decided that they wanted the developmental guidance classes to focus on this issue. PIC/C responded and held group workshops on discipline for three weeks — longer than the staff had originally anticipated. PIC/C staff also try to encourage teen parents to take responsibility for their parenting. Every morning, teen parents (mostly mothers) drop off their children at the center and fill out a report to document their child's needs and to inform staff about any possible problems. When the mother returns, she is given a daily written report from the staff about her child as well. This two-way communication is important because it reflects the significance of sharing information both ways (rather than assuming that teen parents only need to report *to* staff), and it sends a message that parents and staff are working together to meet the needs of these children.

Families as Implementers

Students are involved in implementing specific aspects of School Based. One of the most significant activities they have engaged in is preventative programs against student violence and substance abuse. The violence prevention program, called Students Against Violence and Victimizing Youth (or SAVVY), is designed to teach anger management and social problem-solving skills. The SAVVY program is an urban/suburban partnership

(between New Brunswick and South Brunswick), the New Brunswick Public Schools, New Brunswick Youth Services, and the YWCA.

To learn alternative ways of dealing with conflict, students at the high school are trained in the three components of the SAVVY approach — impulse control, empathy, and anger management. These high school students, in turn, go into the local elementary schools and teach third and fourth graders how to prevent violent confrontations by teaching students how to be patient (rather than acting on impulse), how to listen and understand another person's viewpoint (how to empathize with the person they are in conflict with), and how to control their anger and solve their problems without violence. SAVVY targeted third and fourth graders because there was a large pool of third graders, and Youth Services was already doing a violence prevention program for middle schoolers, which School Based did not want to duplicate. The high school students participate in a training program (two Saturdays per month) in which they are familiarized with the three components of the program. They use role-playing, with one group of students presenting and the other taking the part of third graders, in order to mimic the challenges that lie ahead.

In addition to SAVVY, New Brunswick High School students are also engaged in preventing substance abuse through a program called Students Opposed to Drugs and Alcohol (or SODA). SODA, like SAVVY, trains high school students to work with younger students to prevent them from using drugs and alcohol. Led by high school students who are not using drugs, SODA promotes education and prevention while also developing students' leadership skills and sense of identity. The curriculum focuses on self-image, making decisions in the face of peer pressure, coping skills, information about alcohol, and getting help. Using puppets, storytelling, presentations, and role plays, SODA students not only educate elementary students in the consequences of using drugs and alcohol, but also in understanding the reasons behind using drugs (such as poor self-image and peer pressure). SODA, like SAVVY, also provides students with concrete strategies for how students can avoid getting involved in using drugs and alcohol.

Finally, New Brunswick High School students are integrally involved in educating their peers about the services offered by School Based as well as in communicating about issues of concern. As mentioned above, students are responsible for writing and disseminating a newsletter on health issues (through the Alliance for Teen Health) in a way that is understandable and acceptable to them. The importance of peer opinions and judgments cannot be underestimated; therefore, word of mouth is one of the more effective means for

School Based to communicate with students about available resources as well as to build trust and confidence with the student body.

Multiple Sources of Funding

Each component of School Based (of which three are described here) is an example of how the program uses multiple funding streams to extend the reach of services.

Students Against Violence and Victimization of Youth (SAVVY). In an effort to develop a constructive program for dealing with violence in schools, School Based combined a SERVE America grant with state and local funding to establish a comprehensive training and violence prevention program. Through this combination of funding, School Based was able to offer training to School Based mental health counselors, teachers at New Brunswick High Schools, high school students, and Rutgers University undergraduates who would be working with students (i.e., social workers, community outreach workers, and teachers).

Alliance for Teen Health. Although School Based has a cooperative agreement with Chandler Health Center to provide basic health services for students, the Center was unable to provide funding for medications or elementary school student health. School Based has combined funding from Medicaid, the Department of Public Health, and its own funding to supplement health services for medication and emergency uses as well as to provide health services for elementary school students and their families. This funding has also been used to provide transportation (a van) to take students to their medical appointments, to pay for a coordinator for the program, and to provide basic health services for undocumented students who were uncomfortable accessing services through traditional avenues.

Parent-Infant Care Center. PIC/C was made possible through funding from Johnson & Johnson, the National Committee for the Prevention of Child Abuse, the board of education (which provides space), New Brunswick Tomorrow, and School Based (which provides staff and transportation). Funding enabled the program to make the expensive renovations necessary to meet infant care regulations and to staff the program with quality day-care providers. One major obstacle confronted by PIC/C was financing transportation (and concomitant insurance costs) to and from school for both parents and babies. By pooling funding from the Alliance for Teen Health for the use of their van and from the University of Medicine and Dentistry for insurance, School Based was able to extend its

insurance policies to cover the expenses of the van to provide consistent transportation from home to school as well as to medical appointments. By providing its own transportation, School Based was able to reduce tardiness and chronic absenteeism due to lack of adequate transportation.

Multiple sources of funding represent one strategy School Based has pursued to expand its reach. In addition, the program has capitalized on the in-kind contributions of other agencies and organizations. The business sector has provided volunteers and incentives to build the mentoring program. The University of Medicine and Dentistry has provided staff for each of School Based's components. Finally, the local hospitals and neighborhood clinics have offered free health services for students.

Conclusion

School Based is an example of a program that has not only tapped local resources successfully but has also been coordinated at the state level to extend the life of the program. There are many lessons to be learned from School Based. Two are described here.

- ***Turf issues within the school threaten the success of collaboration between teachers, guidance counselors, and social service/health providers.***

School Based is unique in that the managing organization for the program is a community development corporation that is independent of control by any particular agency. This has helped to alleviate some turf issues between agencies, but has not necessarily resolved turf tensions within the school. To alleviate tensions, School Based staff and New Brunswick High School staff had to distinguish between each other's responsibilities to avoid duplicating effort or "stepping on someone else's toes." School Based staff made it clear that they did not see themselves as replacing existing staff at the school, but rather as complementing their efforts. Both sides continue to discuss their relationship as the program evolves. The issue of turf within schools is not an easy problem to solve and has been responsible for impeding school-linked initiatives at other School-Based Youth Services Program sites in the state.

- ***Coordination across agencies at the local level requires parallel coordination at the state level to provide continuity in funding and to clarify eligibility requirements.***

Many of the local School-Based Youth Services Program sites were operating under the impression that eligibility requirements at the state level prevented them from using multiple sources of funding to carry out comprehensive programs. At the state level, agency representatives from the Department of Education, Department of Human Resources, and the Department of Labor formed a network called FamilyNet to address the problem of fragmentation and to provide financial support for local programs like School Based. What they found was that, in fact, eligibility requirements were not as limiting as had been assumed and that the use of funds from a variety of sources to create comprehensive programs was not precluded. The departments in FamilyNet decided to disseminate this information to their respective departments and on their site visits to local programs, and even to encourage local sites to pool resources from various funding streams. FamilyNet has continued to meet regularly to ensure coordination of efforts, to identify resources for new programs, and to avoid duplication of effort.

Case Study IV

Parents as Facilitators:
Building Local Leadership for More Responsive Services
Parent Facilitation Project in Snohomish County, Washington

"We have become involved parents
because we want schools to be ready for all of our children."

Thirty miles north of Seattle, a group of parents participating in an early childhood program are training other parents, educators and caregivers to advocate for more responsive services for poor and minority children. This effort has evolved out of parents' concern about the need to help their children make the transition from family-focused early childhood programs into public schools. The project is one of a handful of activities being sponsored by a state-funded, locally-driven comprehensive service initiative in Snohomish County, Washington. Defying a tradition of pro-forma parent representation, the Snohomish County Policy Council (of the Early Childhood Education and Assistance Program) has become an incubator for the leadership of parents as informed decision-makers within homes, schools and communities.

Project Setting

Snohomish County lies in western Washington State on the east shore of Puget Sound just north of the Seattle metropolitan area. It is one of the fastest growing counties in the state, with twenty incorporated cities. Approximately 90% of the total population is non-Hispanic white. Native Americans, Hispanics, blacks and Asian and Pacific Islanders together make up 8-10% of the population. Due to in-migration and higher birth rates, racial and ethnic diversity has rapidly increased in recent years and is expected to continue. A county-wide needs assessment recently identified lack of affordable housing and lack of affordable health care as top community priorities. Close to 50% of homeless shelter care clients are children. Housing Authority waiting lists number in the thousands, and an estimated 71,000 county Snohomish County residents lack health care.

Project Beginnings

Snohomish County Children's Commission. An influx of Federal and state money in the form of a new initiative has been a traditional catalyst for restructuring local services. However, with no such Federal or state support, comprehensive care for children has been on the agenda of providers and parents in Snohomish County for close to a decade. In 1986, the Snohomish County Children's Commission was formed. The commission is a cross-agency consortium appointed by the Snohomish County government and includes close to thirty representatives of tribal organizations, community colleges, school districts, and health and human service agencies.

According to several interviewees, the commission was the driving force behind the county's push for family-focused services. As part of its Kids Futures Initiative, the commission has pledged that "Snohomish County will join with families to create an inclusive, caring environment and provide opportunities for all children and youth to be resilient and responsible members of the community."

Snohomish County Early Childhood Education and Assistance Program. In 1987, the Snohomish County Human Services Department became one of 38 contractors funded under the statewide Early Childhood Education and Assistance Program (ECEAP). Based on the Head Start model, ECEAP is a comprehensive early childhood program for limited-income families. Each ECEAP program includes a free preschool program emphasizing age-appropriate and experiential learning, nutritional services in the form of hot breakfasts, lunches and snacks, and health services that include screenings and immunizations. The program also requires parent involvement in all aspects of program decision-making and includes a parent education component. The 1985 legislation authorizing ECEAP formally granted local providers the authority to design programs tailored to the unique needs of children and families in their communities. Local grantees are given the flexibility to determine the kind of services to make available to families and the manner in which the services will be delivered.

The presence of Native Americans in Snohomish County has informed programmatic emphases within ECEAP. Native American traditions are an important part of Snohomish's early childhood curriculum. The language of the Tulalip tribe is taught. Because the drinking water is unfluoridated in several communities, fluoride treatments are part of the preventive

care provided to children under the program. In addition, the program offers a social support component for families living in shelters.

There are thirty-two classrooms for children at twenty-seven different sites. Budget limitations at the state level have encouraged Snohomish County to take a multi-faceted approach to funding. Several classrooms are located in sites where other kinds of services for children and families are already housed. Two classrooms are located on a high school campus. Students volunteer as classroom tutors, and one group of young people built a playground during spring vacation. Another early childhood classroom is located at a nursing facility which utilizes senior citizens as wrap-around child care. A third is at a church which hosts support groups for families in transitional housing. Five classrooms are operated by Native American tribes and utilize tribal facilities, transportation services, and social services.

Training and Other Supports for Families

Parents as Facilitators

Every program contracting to operate the early childhood program must have a Policy Council of which 50% of the members are parents of children who are enrolled in the program. Community representatives on the Policy Council must be approved by parent members of the council.

As part of its program performance standards, ECEAP requires that parents be involved in all aspects of program decision-making. However, the kinds of roles available to parents, such as opportunities to participate in the development of curriculum, are buried within a lengthy description of program performance standards which few parents ever see.

> "Ozzie and Harriet are not the stars of our program. Whatever primary care and support group is there for the child, we consider the child's family."
>
> Parent Representative
> Snohomish County Policy Council

In 1991, three parent representatives on the Snohomish County Policy Council (Melba Barger, Virginia Lascher, and Judy Weller) read between the lines of program policy and saw a mandate for change. While the stated policy gave parents the right to be integrally involved in the program, only a handful of parents were taking advantage of this opportunity.

The three believed that limited parent participation in the program had very little to do with lack of parent interest or investment in their children's education. Years of working in early childhood and social services systems had taught them how much parents bring to their children when coached and trained by their own peers and elders. They proposed that the same principle be applied to parent partnership in the early childhood program. The hope was that by learning through experience how policies are made and changed, more parents could assume active roles as leaders in public schools and community programs.

Members of the Policy Council spent the summer of 1991 discussing the needs and resources of the parents in their program and the kind of training that they wanted to design. "As we looked at ECEAP," said Barger, "we saw the need to make parents feel welcome; to have someone show them how to be involved and take advantage of opportunities and to articulate their needs."

Levels of Training

The program hopes to encourage four levels of participation.

- **The Child Level**. To help parents learn skills to creatively and positively support their children's social, emotional and intellectual development;
- **The School Level**. To help parents effectively utilize learning opportunities provided to them and to their children at school and when necessary to advocate for changes that can help schools improve;
- **The Program Level**. To help parents' participation to be well-utilized throughout the program; and
- **The Community Level**. To increase parents' ability to advocate for health, educational and social services which are responsive to children's welfare.

Approaches to Training

Parents are trained through several different approaches:

Parent Mentors. A handful of parents participating in ECEAP are available to provide information and assistance on specific areas of child development. For instance, one parent may be identified as an informed parent in working with strong willed children. Another might provide guidance to parents of twins. Parent facilitators at each site are responsible for making sure that parents of newly enrolled children are aware of the expertise that other parents bring. When aware of a parent's request for information, the mentor will follow up with a telephone call or visit. The mentoring project is an off-shoot of a statewide parent-to-parent support network for children with disabilities. Some of the most involved mentors have been active in local chapters of this network.

Parent Facilitators. Parent facilitators are selected from past or present volunteers who are currently active participants in the Early Childhood Education and Assistance Program. Each program site should have least one facilitator, who is responsible for working one-on-one with parents to orient them to the program and address their fears. The facilitators call parents and/or visit them to welcome them; introduce parents to staff, other parents and children; show them where to store their personal belongings while volunteering; and explain to them how to follow a daily schedule and how to work with children. Upon enrollment in the program, each parent identifies the program areas in which she has the most interest. The parent facilitator then works with ECEAP social service staff to identify specific activities and put together a schedule.

In addition, parent facilitators are responsible for helping parents take advantage of opportunities for growth and personal development available to them through the school or community, including GED and ESL classes, workshops on good nutrition, and support groups for victims of domestic violence. Experience has shown that some parents avoid or turn down these services based on the real or perceived stigma associated with them. Parents report that they would rather "do without" than to be once again identified as a parent "at risk."

Parent facilitators connect parents with opportunities that can reduce the fear and confusion that accompany volunteering and group work. They organize car pools, take care of older or younger siblings while parents volunteer in the classroom, and accompany parents

on parent-teacher conferences. Parent facilitators also can act as mediators between parents and program staff. When the nature of a grievance is outside of program jurisdiction — e.g., a complaint about social worker — the parent facilitator will help the parent address the problem.

> "The policy council is the place where parents learn how to make decisions that create long-term change. Parents have a responsibility to express their needs and then be willing to feed that information up. They need to know how to go through the channels, up through the school superintendent to the Legislature."
>
> Melba Barger, Parent
> Snohomish County Policy Council

Policy Council: A Training Ground for Parent Facilitators. The Policy Council has become a training ground for parent facilitators. Each program site elects one parent to serve on the policy council, which currently numbers 18. In several instances, Policy Council members also serve as parent facilitators. The work of the council helps build parents' skills as informed decision-makers within their own communities. As Policy Council members, parents learn how to develop mission statements, to represent the interests of younger or less active members of their community, to assess the strengths and weaknesses of program strategies, and to win appointment to committees and boards where their voices as parents will reach an even larger audience.

For Melba Barger, past Policy Council member and now community representative, "the Policy Council is the place where parents learn how to make decisions that create long-term change. Parents have a responsibility to express their needs and then be willing to feed that information up. They need to know how to go through the channels, up through the school superintendent to the Legislature." The first step in the process is for parent facilitators to become experts in the ECEAP program itself. The Policy Council has developed a handbook which provides general orientation. In addition, parent facilitators have the opportunity to participate in in-service training for program directors, educators and caregivers offered free of charge by the county. This has included attendance at regional and state conferences.

Past Policy Council members work closely with newer members to help them learn advocacy skills that "every limited-income parent needs in order to survive in life, and many more need to apply in the political arena if the system is ever going to change." These "trainers of trainers" have been known to travel to far reaches of the county, such as program

sites on Indian reservations, to provide parent facilitators with on-site training. Other parents have teamed up with newer members to organize letter writing campaigns to legislatures and coordinate annual food drives.

> "We teach the skills that every limited income parent needs to survive in life, and many more need to apply in political arena if the system is ever going to change."
>
> Policy Council Member

Recently, the Policy Council has revamped program policies and its own operating procedures to support its training efforts. Initially, parents could be Policy Council members for only two years (while their children were participating in the program). The Policy Council, however, found that parents' leadership skills take longer to build. Consequently, they developed a new policy which allowed parents of older children to continue their work on the council by serving as community representatives. Parents are welcome to bring their children to meetings. Parents take turns holding and rocking infants or organizing activities for older children. Those who serve on the Policy Council volunteer their time but are reimbursed for travel expenses and treated to lunch or dinner when meetings overlap meal times. All parents are invited to participate in staff training free of charge.

> "Suddenly, other adults were asking me my opinion on things far more important than 'paper or plastic.' It was a wonderful awakening to realize I could and should use my skill to speak on behalf of parents at different meetings and volunteer in school in ways that were fulfilling to me."
>
> Parent

Through the work of the Policy Council, parents build their capacity as skilled problem-solvers and informed decision-makers. As opposed to the traditional emphasis on reporting, monthly Policy Council meetings are forums for group problem-solving on issues affecting individual or multiple sites. For instance, a parent representing a program run by a local tribal organization may alert and inform the rest of the group to the inadequacy of the school system's procedures for eye exams. Her presentation to the group would include a description of the problem and information which she had gathered through her own research. She may have found, for example, the instruments used for conducting the eye exam are twenty years out-of-date and deprive children of preventive diagnoses.

After hearing the parent's description of the problem, Policy Council members will discuss the issue together. More seasoned members of the group may offer advice or

information which the parent can use in follow-up. If the situation is grave or if more information is needed, the Policy Council may decide to make a site visit to investigate further. Through this process, parents not only develop valuable problem-solving skills, they become more knowledgeable about the *many* dimensions of the service delivery system, and they build the confidence to tackle similar issues within their own communities.

Principles of Training

Training strategies are grounded in a set of common principles:

Continuum of Expertise. There is a strong program philosophy identifying all parents as natural experts in child development. Rather than approaching parent participation along a ladder of competency, expertise is understood along a continuum. The skills that parents develop through child-rearing are valued as the building blocks to parent partnership in program decision-making. Families are approached by building on their strengths. In accordance with Native American culture, these are skills which deepen with experience. Policy Council members who are grandmothers or great aunts are a vested authority based on the perspective of their years.

Cross-Role Training. Approaches to training in Snohomish County challenge traditional role divisions. Concern for children's welfare (their healthy educational, social and emotional development) is identified as a shared concern of caregivers, families and educators. The Parent Facilitation Project has challenged the notion of training based on role. Parents, program directors and educators attend many of the same workshops, courses and conferences. Parents themselves have assumed the role of trainers of program directors and administrators in areas such as the empowerment of parents. The idea behind this approach is concerted rather than fragmented action. Explains Barger, "Everyone needs to be informed and working on the same thing."

Collaborative Inquiry. "All of our knowledge together is greater than any one person's smarts" (stated by a Policy Council member). As part of their training, parents learn the power of learning and working for change as a group. In meetings, parents are expected to help other

> "All of our knowledge together is greater than any one person's smarts."
>
> Parent

Policy Council members to develop an understanding of an issue, rather than to just keep them informed. There is an unwritten policy which discourages excessive committee work — this group on health, that on schools. Instead, the Policy Council listens to subcommittee reports and then comes to understand an issue together. This approach is consistent with the program's philosophy which regards the issues of health, education and social services as linked. With this approach, parents learn to look for comprehensive solutions.

> "What others say we or our children cannot do are just questions for which we need to find answers."
> Parent

Parent Involvement for System Accountability. "What others say we or our children cannot do are just questions for which we need to find answers" is a refrain often heard in Snohomish County Parent Policy Council meetings. The notion that low-income parents need to be taught how to be good mothers is conspicuously absent. Parents who have been labeled as "bad parents" by social service agencies, schools or doctors because of their low incomes are introduced to a different equation here. Parent involvement as seen by this program is not intended to make them better parents (although parents acknowledge that this is often a windfall) but to bring greater pressure for change on service delivery systems.

The Roles of Families in the ECEAP Program

The training efforts of the members of the Policy Council have helped parents make substantive contributions to the ongoing design, implementation and evaluation of the early childhood program.

Families as Program Designers

Involving families in program planning can easily become a goal for a project rather than an integral strategy for achieving program outcomes. The Policy Council in Snohomish took action early in the program to deal with this problem. They began with a thorough review of the program performance standards to identify parents' rights and responsibilities. They listed all the areas where parents were expected to be involved on one sheet of paper. Then as a group, they discussed the kinds of impact that they would like to have and the strategies which they would like to try first. The result of their efforts was a detailed action

plan for applying parents' expertise to curriculum development, county restructuring, evaluation, and public relations. In the third year of the program, the decision was made to integrate parent goal-setting with annual action planning of program administrators and program staff.

Families as Program Implementers

None of the parents represented on the Policy Council are employees of the county, and the majority would like it to stay that way. They argue that their independence allows them to consistently represent the true interests of children and parents. Policy Council members are encouraged to use their program volunteer experience as a step in their own career development. Program managers often are requested to provide potential employees with written recognition of parents' contributions. Parents have worked out an arrangement which allows them to fill in and be paid as substitute teachers. At some sites, parents receive four full days of training for which they are paid minimum wage. When child care is not available, children of parent substitutes are allowed to participate in program activities.

Families as Program Assessors and Evaluators

Increasing parental contributions to program assessment and evaluation remains a top priority for the Policy Council. From its contact with state legislators, the group has learned that substantive parent evaluation is one criterion in funding decisions for early childhood programs. By talking to parents in their own communities, the group also learned that traditional procedures rarely captured parents' real concerns. In the past, due to lack of knowledge or skills, parents kept most of their needs, concerns or suggestions to themselves.

The work of the Project Director, parent facilitators and the Policy Council has helped parents contribute to program evaluation and assessment. Every month, Joe Varano provides the Policy Council with a concise data sheet on actual services (e.g., number of health screenings, dental check-ups) provided to participating children in the region. In this way, parents on the Policy Council can better monitor program progress. They have used this information for ongoing program planning. In addition, the Snohomish County program assessment questionnaire, which parents are asked to complete annually, has been revised. Questions are now simply and clearly phrased. The nature of the questions makes it easier

for the group to monitor changes in the way that services are delivered within and outside of classrooms. For instance, parents are asked about the kind of information which accompanies their child's preventative health screenings. Additions to the questionnaire also help chart changes in parents' own contributions to the program. Under the heading "Leadership Skills" parents are asked to identify the different decisions that they have made and contributed to at home, in the classroom, and on the Policy Council.

Networking

Parent-to-Parent Networks. Under the leadership of the policy council, parent to parent networks around child and family development issues have been strengthened. Local chapters of a support group for parents of children with heart problems, parents in transitional housing and parents of children with special needs have been established. In addition, sixteen parents from Snohomish County were workshop presenters at the county's Early Childhood teleconference, which was broadcast to teams of parents and staff from four different communities.

Parent Contribution to Inter-agency Networks. An important outgrowth of the training has been increased parent participation on the local and state-wide networks organized within and across mental health, education, and health care reforms. Policy Council members currently serve on the following:

- ***Snohomish County Children's Commission***, an inter-agency group appointed by County government to develop community capacity to improve conditions in health care, education, and economic opportunities.
- ***Interagency Coordinating Council***, a Federally mandated inter-agency committee to support local coordination of services for children with special needs.
- ***Oversight Committee for Healthy Options***, a state board to assist the change to managed health care for people on medical coupons.
- ***North Sound Support Network for Mental Health Services***, a regional network to improve the responsiveness of the mental health system to the needs of limited-income families.
- ***School District Restructuring***, a community strategy to form partnerships with social service agencies and businesses to better meet the academic, social, and career development needs of students through schools and community colleges.

As a result of increased parent participation, there have been some significant changes in the ways that local health, educational and social service providers relate to families. The County has initiated a cultural competency training for caregivers, educators and parents. The Inter-agency Coordinating Council is working with local agencies to develop an integrated intake form that parents can use at clinics, welfare agencies and schools. Under the direction of the committee for Healthy Options, parents are now provided with a one-page fact sheet which informs them of situations in which they may be able to stay with their current health care provider. A combined needs inventory and information brochure for families to gain access to mental health assessments for children ages 0-17 has been developed and is being disseminated by the North Sound Regional Support Network.

Conclusion

Through the efforts of the Parent Facilitation Project, Snohomish County's educational, health and social services have moved closer to responding to the real needs of families. Parents of young children are going to classrooms, committee meetings, and doctors' offices armed with a better understanding of their children's rights and the skills to work with others for effective solutions. Key lessons and remaining challenges are highlighted below.

- ***Building parent leadership in service integration requires new approaches to project management.***

Joe Varano has defined his role as Project Director of the Snohomish ECEAP as facilitative and collaborative rather than directive and supervisory. He has served as a mediator between the county and the Policy Council, cutting through red tape to provide parents with the supports, such as refreshments at meetings and child care, which make it easier for them to participate, and he has created opportunities for parents' leadership to be demonstrated, such as inviting them to be trainers and workshop presenters. This approach to integrated service management has allowed parents to focus their energy on the needs of children.

- ***Ongoing training and support for families participating on inter-agency councils can help councils positively influence the ways that local health, educational and social service providers relate to families.***

Parents have been able to tap the expertise and support of mentors and fellow Policy Council members as they test their leadership skills on inter-agency councils. In turn, through parent participation, councils are taking concrete, pro-active steps to make services more responsive to the needs of families.

- ***Families need continuous support and applied training to assume roles as program planners, implementers and evaluators.***

Parents in Snohomish County report that contributions to programs and their own children's learning are directly attributable to peer support received as part of the ECEAP program and to opportunities to apply skills through volunteer experiences. Rather than being a forum for only the most vocal, the Policy Council serves as a training ground where less active parents acquire new leadership skills that they can then apply in a variety of settings. Parents' skills are given time to mature by allowing parents to continue to participate on the Policy Council even after their child graduates from the program to the public school system.

- ***Families can train other caregivers and educators to become more culturally competent and/or sensitive to issues of poverty.***

Parents in Snohomish County not only attend orientations, workshops and classes with program directors and staff, increasingly they also are conducting training sessions for educators and caregivers. By assuming this role, parents model the skills they want and nurture in others and insure that the content of trainings meets the real needs of parents.

- ***Evaluation becomes more collaborative when the program advisory boards and policy councils on which parents serve are provided with consistent detailed information on program outcomes.***

The ECEAP Director Joe Varano provides the parent Policy Council with a monthly program data sheet containing information such as the number of children actually receiving health check-ups. In this way, parents are provided with the tools for identifying program

weaknesses and strengths *in relationship to children's needs* and for monitoring progress towards goals.

- ***There are limited opportunities for parents to network with other caregivers, educators and parents to develop their children's strengths.***

Mentoring programs, support groups, and training sessions tend to be organized in relation to the perceived developmental deficiencies of children rather than their skills and interests. Parents of children who are gifted in the arts, academics or athletics struggle to find networks formed around children's skills and talents. In the meantime, support groups and mentoring programs for children with developmental disabilities and chronic illnesses multiply. This pattern sends parents a contradictory message that says their involvement equals family problems and lack of involvement signals family health. For parents who have suffered by being stigmatized, non-participation may often appear the more attractive option.

- ***Networking opportunities for parents with reduced risk factors are similarly limited.***

Mothers and fathers who have succeeded in reducing their needs, such as obtaining permanent housing, seeking treatment for addiction, or divorcing a violent spouse, often find that they are no longer eligible to participate in some support groups, training programs, and classes. Consequently, as they become more informed decision-makers, parents find themselves cut off from peers who have mentored them and who remain an important influence on their continued contribution.

- ***Restructuring efforts to create more comprehensive services remain unresponsive to the needs of Native Americans.***

Well-intended comprehensive service initiatives may inadvertently exclude participation by Native Americans due to the following factors:

  - **Distance.** The location for meetings, workshops, and classes assumed to be centrally located often require a drive of an hour or more for families living on reservations.

- **Focus.** Restructuring initiatives within health care, education, and social services can ignore the particular architecture of the Bureau of Indian Affairs service delivery system. In a number of instances, including state health care reforms, Native Americans have limited access to the network of mainstream providers that has been designed for them.

- **Process.** Meeting procedures and communication strategies considered standard by the dominant culture can clash with the cultural norms of Native Americans. In the Native American tribes represented in Snohomish County, story-telling is a method not of digressing but of effective reporting on an issue. Likewise, quiet attentiveness is encouraged over active participation in meetings where older members of the community (elders) are present.

- **Staffing**. The ECEAP staff works to insure that teachers and family service workers serving tribal families are of the same background (culturally and economically) as ECEAP families. This continues to be a challenge, however, for staff members who are new to the political forum of tribal politics.

Conclusion:
Lessons Learned

The purpose of this study has been to examine closely the efforts of four local communities that appear to be moving in the direction of more comprehensive services. Through efforts such as these, local communities are taking the lead in addressing the needs of their children and building a local infrastructure to sustain that support. At the local level, families have begun to be recognized not as objects of collaborative programs but as critical contributors to program success.

Although the projects profiled in this report vary in terms of population served and programmatic focus, they each have one or more of the features identified in the Introduction to this report as central to the collaboration and empowerment required to make integrated services more responsive to the needs of children and families. However, while these local communities have made gains, our cases revealed challenges that continue to threaten the ability of these programs to sustain their efforts.

The following section identifies key learnings within each of the six aspects suggested in the introduction for planners and policymakers interested in combining collaboration and family empowerment into efforts to integrate education with other social services. Challenges as well as recommendations for making changes in policies to overcome some of these challenges and support these efforts are identified.

1. The Family as Partner and Agenda Setter

CHALLENGE: *Involving the family as partner and agenda setter in program design, implementation, and evaluation is considerably undercut by the fact that the expertise of families is underutilized and undercompensated.*

RECOMMENDATION: ***Partnerships with families should be seen as a useful strategy for program planning and improvement rather than as an end in themselves.***

In the communities that we studied, parents and other family members are being asked to bring their considerable experience and expertise to planning, developing, and executing school-linked services initiatives. In these cases parent involvement has moved beyond pro-forma representation on advisory boards to the inclusion of family members in roles that are *central* to the successful functioning of the program.

When families are given an opportunity to make significant contributions, parent participation becomes a strategy for increasing program comprehensiveness rather than just another program goal or mandated requirement. The RAIN program at the Fienberg-Fisher School in Miami Beach is a good example of how family expertise is being tapped to improve program design and operation. A parent group was convened early on to assess the needs of the community and design a referral and information network to meet these needs. The program is staffed by a small cadre of mothers who provide an important operational link between the school and community agencies.

RECOMMENDATION: ***Compensation for parent workers should be commensurate with the importance of their contribution.***

Despite their important contribution in the programs we have studied and others like them, parents who are employed remain underpaid, at or near minimum wage. Some programs provide some parents who work in such roles as home visitors or liaison workers with a small stipend as "salary" to recognize their contributions to the program and the school. In other cases, some parents work 30 to 60 hours a week in what the district classifies as a twenty-hour a week paraprofessional job with a salary at or near minimum wage. The poor pay sends a strong signal that undercuts the district's programmatic efforts to make parents partners.

Another limitation in recognizing the importance of parents to programs is that current job classifications stress the roles of paraprofessional as aides in classrooms or offices but not their roles in working with families and community agencies. Agencies and districts should broaden their job classifications to include the new kinds of roles described in this report.

2. Management Structures that Include Representation of Beneficiaries and Agencies

CHALLENGE: *Failure to share information between agencies and between front-line workers and families undermines the effective management of service integration initiatives.*

RECOMMENDATION: ***Interagency programs and agreements should provide for the development of working relationships between front-line staff and families***

Interagency programs are likely to work best and be sustained longer if provisions are made for families and front-line workers including classroom teachers, social workers, public health nurses, mental health counselors, and many others to be involved together in the administrative and management structures and in less formal ways: to meet regularly, exchange ideas and information, and work together on cross-role teams.

Collaboration can easily be undercut if parents and workers are distrustful of one another and uninformed about each other's expertise and roles. As programs shifted to a family focus in some of the cases we report and others that we have examined, the distinctions among school counselors, social service providers, teachers, and parents became somewhat blurred.

The new collaborative approaches ran counter to the ways in which people were used to working. Some felt threatened. Some school counselors felt that mental health counselors from a community agency were really there to take their jobs. Community outreach workers thought that parents serving as home visitors were not necessary and duplicated their efforts. Teachers felt that parents were not competent to take on new roles and were sometimes there to spy on them. These kinds of turf issues make authentic collaboration among front-line workers and with families difficult and must be resolved for the programs to succeed. In most cases, the programs we report on here have addressed these turf issues. Staff and family development and training are sometimes part of the answer.

Mechanisms are needed to deal with conflicts or misunderstandings when they arise. Although formal program councils on which parents are represented can be useful, they are often disconnected from the process of program planning and from day-by-day collaborative work. Beyond the traditional advisory councils, programs should provide for cross-role teams with a variety of tasks such as writing proposals and evaluating programs. They should also

provide for training activities and informal opportunities to develop good personal relationships and communication between front-line workers and families. For example, Las Cruces employs a variety of means to share information between families and front-line workers as well as among various agencies.

3. Inter-agency and Cross-role Networks

CHALLENGE: *Political resistance to integrating education and other social services can be reduced through cross-agency and cross-role networks (parents, teachers, services providers, etc.).*

RECOMMENDATION: ***Programs should develop a network of allies for community support.***

Linking social and health services to schools sometimes raises community resistance and opposition. For example, conservative groups sometimes are concerned that social service agencies and schools are impinging on the responsibilities of families. In at least two of our sites, groups identified as part of the "religious right" were opposed to plans to establish day care services in high schools because they believed that this action would encourage teenage sexual promiscuity; similarly, they opposed plans to have elementary schools offer health services which they saw as infringing on parental responsibility.

In two sites studied, councils and advisory boards have successfully formed networks of community support to advocate for changes which have historically encountered community or bureaucratic resistance. For example, the community advisory board in the School Based program spearheaded negotiations between a community development corporation, city council, and several conservative groups to counter community resistance to opening a school-based day care center at New Brunswick High School.

The Inter-Agency Coordinating Council in Snohomish County handled possible community resistance by working successfully with local agencies to initiate a new integrated service intake form that parents could use at clinics, welfare agencies, and schools.

RECOMMENDATION: ***Parents and other family members can join together to lobby for political changes needed to facilitate the integration of education and other social services.***

As citizens affected by the quality of education and social services, parents and other community members have the right to seek to influence the political system at all levels — from the school board and the city council to the state legislature, the governor's office, and the Congress. They can advocate for changes that will make it easier to pull together systems that have traditionally worked on separate tracks. Parents who are concerned about all of the needs of their children — regardless of how the meeting of these needs is parceled out bureaucratically — can provide policymakers with useful experience, advice, and information that can help to overcome traditional resistance to changing the delivery systems for social services. They can also be effective in lobbying for the funding of integrated services programs beyond the control of local agencies.

For example, in New Jersey, even with the pooling of financial resources across agencies, the School Based program still needed the state legislature to provide some funds for the program. The agencies themselves could not lobby directly for funding; parents could.

4. Multiple Sources of Funding

CHALLENGE: *Short funding cycles and cutbacks threaten program continuity and require programs to pursue multiple funding streams.*

RECOMMENDATION: ***Program managers and people collaborating with them on projects should think creatively about and seek multiple sources of funding.***

We have observed that the programs we visited and others like them face multiple funding problems. Typically, there are continuing threats of budget cutbacks or program elimination by state legislatures, governors, and agencies.

While New Jersey's School Based began with a pooling of resources across state departmental lines, the cost of continuing and expanding the program in New Brunswick has required tapping local businesses and private foundations — especially in the face of state cutbacks.

Likewise, while the Snohomish County ECEAP program is a community-based network of programs that is demonstrating a cost-effective way to promote the health and educational development of low-income preschool children, the State of Washington's budget deficit currently threatens cutbacks that will significantly reduce the number of children served.

The programs face many other budget problems, including: 1) the fact that time is a precious resource and usually not written into funding proposals; 2) the rapid and often unexpected growth in the number of people to be served caused by families immigrating to the United States in search of better economic opportunities or to escape from political oppression; and 3) the short-term and shifting funding patterns of both public agencies and private foundations and corporations.

Families themselves are an often overlooked source of help in addressing myriad funding problems. As noted above, they can be effective in lobbying for needed funds. They can also identify sources of support to provide some of the basic ingredients of collaboration such as food, transportation, and child care. In some of our cases, families have also identified help from local religious, cultural and business institutions for free space for meetings, food, child care, and office equipment, and they have also identified agencies that provide services such as food, shelter, and counseling.

5. Collaborative Evaluative Mechanisms

CHALLENGE: *The evaluation of service integration initiatives is often divorced from the goals and priorities set by program teams, and collaborative and participatory evaluation practices are rare.*

RECOMMENDATION: ***Families as well as program staff should help to evaluate programs.***

The voices of families and front-line staff are often overlooked when it comes to determining the effectiveness of programs. We have found only limited progress in developing collaborative evaluation of school-linked service initiatives in the communities we studied. The focus for parent input is still on single projects. Parents participating in conferences and workshops fill out questionnaires or are surveyed about their child's needs. However, rarely do we see parents or front-line program staff involved in the design of evaluation, or in data-

gathering, collection or synthesis, or assessment of system-wide initiatives. The evaluations that impact whole communities of children are usually left up to outside "experts" to carry out.

Program evaluation strategies used by public and private agencies continue to reflect a narrow understanding of family involvement in service integration initiatives. In two sites, evaluation of initiatives has been primarily directed by the state. Some parents reported in our interviews that the state's measures do not accurately reflect the level and impact of parent contributions to program outcomes. Since funding is often tied to impact, traditional indicators such as frequency and level of parent participation at meetings, at parent-teacher conferences, and as volunteers in classrooms need to be accompanied by a different set of indicators which mark changes in parent contributions.

Family members can make program evaluations more culturally sensitive and responsive and can introduce indicators of family strength and contributions that may be overlooked in traditional approaches to evaluation.

To involve families in evaluation means providing them with ongoing access to program records on services delivered. Citing confidentiality, program managers sometimes exclude parents from receiving information such as achievement data and records of health trends. Concerns about confidentiality are legitimate. However, evaluation concentrates on the overall impact of the program, rather than on data about individuals by name.

In order to contribute more fully to evaluation efforts, the councils on which families serve should have access to the same kinds of information regularly provided to program staff. When families are involved, new strategies for collecting information emerge (Palanki and Burch, 1995).

6. Training and Other Support for Involving Families

CHALLENGE: *Turf issues within schools threaten the success of collaboration between families, teachers, guidance counselors, social service workers, and health providers.*

RECOMMENDATION: ***Cross-role approaches to training can ameliorate turf issues.***

A number of our sites have successfully worked to build shared ownership in the program by training families, educators, caregivers, and program directors alongside one another. In one instance, parents have been invited to participate for the first time in staff retreats, orientations, and training programs.

In other cases, additional retreats have been planned to bring the staff and parents together to address concerns and future directions of the program. These initiatives have reportedly helped build a common understanding of the roles of families and all of the other front-line workers and specialists involved in the program.

Training is but one approach that has been used successfully to develop trust among all of the diverse people involved in these kinds of programs. Training needs to be supplemented by other approaches that give front-line workers and families clear and accurate information about the policies, procedures, roles, and resources of their collaborative partners and informal opportunities to develop good communication and relationships.

RECOMMENDATION: ***Parent-to-parent support should be built into programs.***

Parents and other family members are valuable resources — too often overlooked — as trainers of other parents, information providers, parent support workers, and family center staff.

Such involvement by parents can help to overcome the problems of stigma arising from the fact that social service recipients have sometimes been stigmatized in our society. We have noted that the stigma associated with traditional service delivery models continues to discourage families from getting all of the help that they need. Many families participating in the programs have found themselves unfairly labeled as "bad parents" on account of their needs. Obtaining necessary information and help has sometimes come at a high cost. In the communities we studied, many families continue to avoid association with stigmatized programs even as services become more integrated.

We have seen that when family members are involved as providers of information and services, they can help to overcome the stigma problem. Their involvement is also seen as contributing to program quality and responsiveness.

When family members are involved in substantive ways as providers of service and information, they also develop confidence in their own capacities, skills which may be marketable in other settings, and motivation to pursue additional education or training.

Future Directions for Research and Policy

This study has reported on local program efforts that employ collaborative and family involvement strategies to deliver comprehensive services. The above mentioned challenges point to the need for policy changes to be informed by the kinds of practices and strategies that are exemplified by these cases. The recommendations spelled out are merely the tip of the iceberg and require further research and dialogue between practitioners and policymakers at all levels — Federal, state, and local. Some questions remaining to be answered by further research include:

- *To employ families as integral partners in the design and implementation of programs, what kinds of salary structures and job classification schemes are necessary to compensate them in order to recognize the value of their contributions adequately? What implications does this have for certification requirements?*

- *While the cases demonstrate innovative approaches to training and supporting families in new and more active roles, what kinds of training and support do other staff need to collaborate with families in these new roles? How can families be recruited to provide this new training and development for staff?*

- *More evaluation of cost-effectiveness and impact on families and on children's learning is needed to make programs such as these feasible and effective strategies. How can families and other staff become a more permanent part of evaluation efforts and requirements of programs?*

These questions are not easily answered, but it is our firm conviction that without more careful attention to these issues, school-linked service integration initiatives run the risk of creating programs that are unresponsive to the needs and strengths of the families and communities they intend to serve. The cases illustrate how effective programs can become when families play an integral part in the design, implementation, and evaluation of comprehensive service delivery. The cases also demonstrate how, despite the current fragmentation, local programs can still make headway reinventing the current delivery systems. However, this requires collaboration between agencies and schools and the involvement of families as partners in the effort. Together, these two strategies can help to move success for all children from a slogan to a living reality.

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